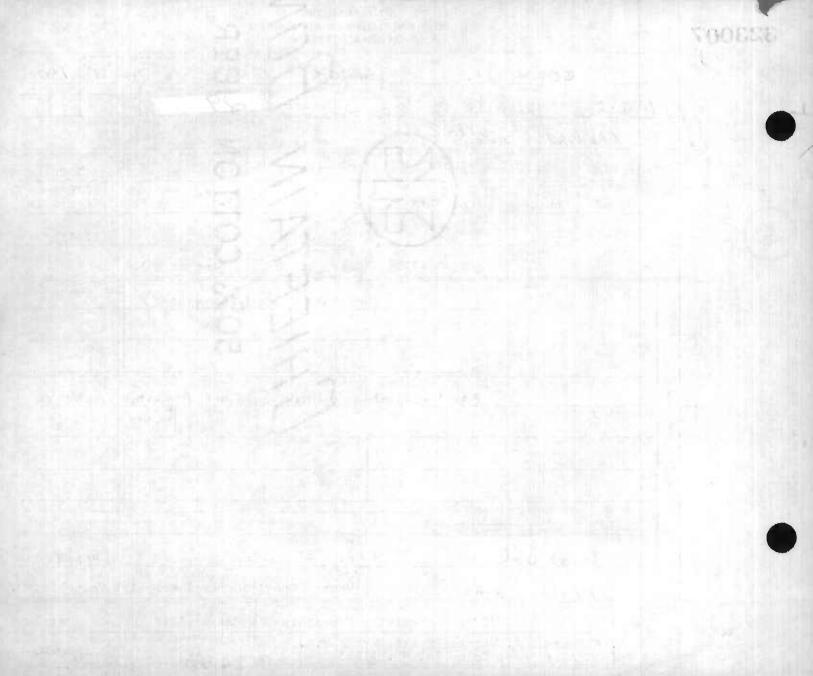
25 DATE REC'D. BY REGISTRATIZED, REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

Vonaldson Funeral Home, Laurel, Md



3:	37	'06	10
- 1		ours after death	
	d within 24 haurs ofter death. Page 4 may be	director.	,
	fter death	A Linear	0
	4 hours o	of the fact	2
100	within 2	pletely to	

STATE OF MARYLAND FOR - STATE REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1								KEG.	NO.		
		DECEASED NAME (TYPE OR PRINT)			MIDDLE	l	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
1	(TYPE OR	PRINT)	ali	110	H A	50	aks	11-10	7 - 8		141
ı	3. SEX		-41	1. RACE		DATEC	OF BIRTH	6. AGE (IN YEARS LAST)	BIRTHDAY)	E UNDER 1 YEAR	IF UNDER 24 HRS
١	J. JEX	NΛ		1. MACE	1	MONTH		10		ONTHS DAYS	HOURS MIN.
Ā		[1]		V	1	11.	-11- 28	5 /	YRS.		
7	COU	IPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	ARRIEI	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
4	Mis	souri -		USA		DOWE		1 4	DWar	d	MD.
1	/ CITY	OR TOWN OF DEA	TH		HOSPITAL, NURSING H		R OTHER INSTITUTION	120 USUAL OCCUPA		126 KIND O	F BUSINESS OR
Λ	(0)	Dumb	101	HOLA	2000 Pa	10	-u General	Retired Nork FOR MOS	TOE WORKING LIFE	Mili	tary
1		RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADM		- Junian	710 E4	n.	010	7447
4	130 STA	1/0	0ran	ge	LocustoGro	ve	13d. INSIDE CITY LIMITS?	13e.STRED AEARSS	overore	irkway	11/
4	FATH	ER'S NAME		0-	Division	1	15. MOTHER'S MAIDEN NAM	AF	TUST	071	31146
1	6	EIRST		MIDDLE	D LAST		12013	MIDDLE		LAS	r
4	Joh		R		Brooks		Audrey			Houst	on
7		S DECEASED EVER		MED FORCES?	166 SOCIAL SECURITY		17 INFORMANT	ADD	RESS		
7	Yes			-1967	497-28-916	5	Spouse - Pat	ricia Ann	Brooks	- same	as #13
1	18	CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), and (c)	1				APPROXI	MATE INTERVAL DISET AND DEATH
4		PART I. DEATH W		E CAUSE (a)	Cardior	درم	n. a bui	arnow			
ı			IMMEDIAI			11-11		3			CALL DO
1			12.1	,	R AS A CONSEQUENCE	OF	a be	1. 1	- 120		
	Conditions, if ony, which gove rise to immediate (b) Concord on Control Colors										
		ouse (a), statin		DUE TO, OI	R AS A CONSEQUENCE	OF					
1	-	moenying couse	1031	(c)							
9		ART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>CO</u>	INTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 11	3
	CERTIFICATION 12										
À	Y 190	DATE OF OPERA	ION	196 CONDI	TION FOR WHICH OPE	RATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
1	TIFI							YES NO	YES		NO [
3	₩ 21	a. ACCIDENT WAS UND		216. TIME O		V5.0	210 HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT I OR PART 2)	
	AL o	R CONTRIBUTING (in .	M. MONTH DAY	19					
1	~	d. INJURY OCCURE		21e. PLACE		19	211 LOCATION				
١		WHILE IN NOT WH	IRE 🗍		EET, EACTORY, OFFICE, EARM,	ETC)	STREET	CITY OR	NWOT	COUNTY	STATE
		WORK AT WO	RK -								
1	27				e deceased from			, to			that (I) (we) last
ı		obove, (I) (we) (c	did) (did no) view the body	ofter death.		d that in (my) (our) apinion o	death accurred on the	date and hou		
	22	b. SIGNATURE					DEGREE			22c. DATE	SIGNED
ı		Los	au	Kuc	h	M	O . ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	11/1	19/81
	22	d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)			220 ADDRESS	C- C	EN NO	920	
		IFURA	. 1	CUCK	cm ?		Hanna	, 60. 60			-
-		TAL CREMATION	1	Tools	1	F 05.6	EMETERY OR CREMATORY	Test (OCATION)			

Arlington National

DHMH - 16 50M 4/83 (VRA 15, 4)

Buria1

11/25/85 To Funeral Director

Name

Demaine Funeral Homes, Inc Alexandria, VA 2231

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Virginia

Arlington

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	V52000				
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 333149 REG. NO I DECEASED NAME 2a. DATE OF DEATH 7b. HOUR TYPE OR PRINT 1:00A Edward 25 85 James Brown 4 RACE 5. DATE OF BIRTH 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 1924 White Male 61 To BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED [Howard County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 5435 New Grange Garth Columbia Construction Home Bldg.tant JOUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Columbia 5435 New Grange Garth 21045 Maryland Howard YES [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Ivin Hollins Brown Sarah 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT TYPS NO OR UNKNOWN HE YES GIVE WAR OR DATEST (same as 13e.) WII 217/12/9719 Celeste Brown Yes (Wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY HESDE CARDIAC unutes IMMEDIATE CAUSE 10 Atherosceratic Corpnary Artery Disectal Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse Atherosclemsis RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 70h. IF YES. WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC 1 STREET STATE NOT WHILE 220.1 certify_that (1) (this haspital) attended the deceased from sow the diceosed alive on above. Name (did) (did and view the body ofter death (my) Jour opinion death occurred on the date and hour and from the causes stated 226. SIGNATU DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 10632 Little Patuxent Pkwy. Columbia, Md. Melvin J. Kordan: MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland 21202 Green Mount Crematory Cremation 250. DATE REC D. BY REGISTRAR 216 REGISTRARS SIGNATURE NOV 26 18 1 24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 Walter Brooks Bradley Inc. Balto., Md. 21222

323068/

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR

STATE OF MARYLAND

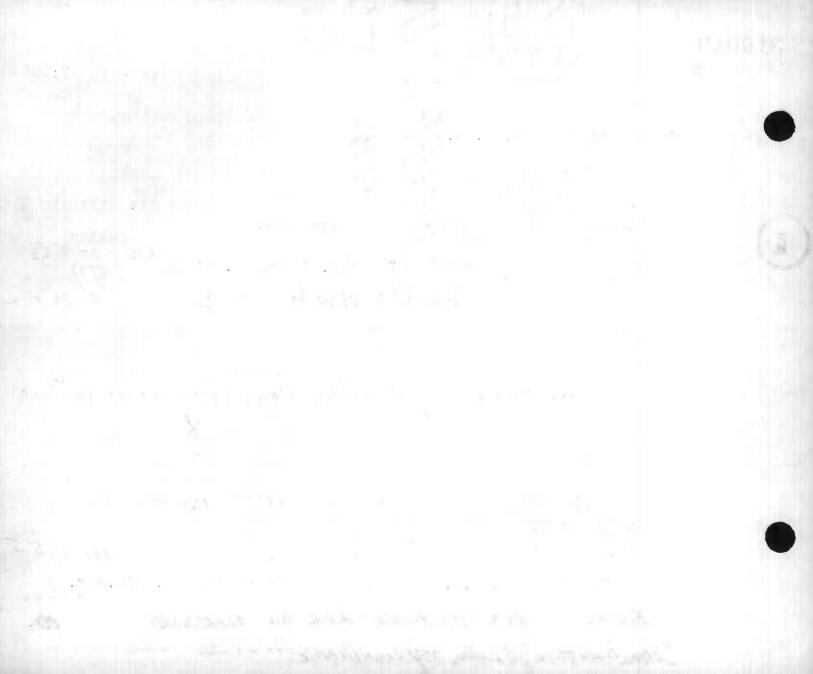
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	NO

Н	-	REGISTRAR				CERTIF	ICATE OF DE	AIH	RE	G. NO.				
		CEASED NAME	FIRST	, , , , , , , , , , , , , , , , , , ,	WIDDLE	PONIL	AST		20 DATE OF DEA	TH MONTH	DAY	-	2b. HOU	IR 24
	T CEN	VI	VIA	RACE	L. (S. DATE C	LIV		6 AGE LINYEARS LA	ST BIRTHD AV	I IE LINIDI	85 ER I YEAR	IF UNDER	AM
	1.5EX	Female		1	asean	MONTH		VEAR 02	83	YRS	MONTHS		HOURS	MIN.
0		RTHPLACE (STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUNTR	8 : Y?	D NEVER M.		9 BALTIMORE CI			EATH		-10
ė		Ohio		US	SA	WIDOWE	DI DIV	DRCED 🗌	Howard	l Care	nty			MD.
1	Le	lumbia	/	Lewa Wa	ed Coc	IN HG	en. Ho		Petted		JNE He	KIND OF DUSTRY ECht	: Co	SS OR
2	h	nd. I	Monte	mely	13 CITY OR TO			NO B	13e STREET ADDR 460 3	ESS / ZIP CO Kem	PER	57	T. 2	<u>085</u> 3
1	1	Thomas	мех	Sa.	Lust Lu	oma		MAIDEN NAM RST Argare	et MIDI				1tt	i
5		VAS DECEASED EVER IN	U.S. ARMEL		166 SOCIAL SE	CURITY NO.	17 INFORMAN		1060	9 Gra	eloc	ch C	t.	
4		no			217-36	- 5593	James	Conkl	in Laur	el, M	d.	207	707	
1	-	18 CAUSE OF DEATH PART I, DEATH WAS	Enter only o	ne cause per Y	line to 1, (b),	andig	1 / 0,00					APPROXIM BETWEEN O	NATE INTER	DEATH
1			MMEDIATE C		6.6	1 KNOW	1 WENT	or h zo	36			10	ay	
		1 51 21 2		DUE TO, O	R AS A CONSEC	DUENCE OF							,	
-		Canditians, if any, a gave rise to imme		(b)										
		cause (a), stating underlying cause	the last.	DUE TO, OI	R AS A CONSEC	DUENCE OF								
				(c)										
	N	PART 2 OTHER SIGNIF	FICANT CON	ADITIONS <u>CC</u>	ONTRIBUTING	O DEATH BUT	NOT RELATED 1	O THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN	PART IIa		
1	CERTIFICATION	190 DATE OF OPERATION	NC	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CER	YES, WER	E FINDING CAUSES (OF DEAT	H?
2	CER	21a. ACCIDENT WAS UNDER		216. TIME O		DAY MEAD	21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE O			PART 2)		
Ī.	A.	OR CONTRIBUTING CAL		HOUR A.	M. MONTH M.	DAY TEAK								
	MEDICAL	21d. INJURY OCCURRE		21e. PLACE	OF INJURY	CE FARM FIC)	211 LOCATION	4	CITY	OR TOWN	co	DUNTY	5	TATE
	~	NOT WHILE							10					
		22a.t certify that (I) (t				art	13	. 19	to / Leven		_, 19		that (1) (v	
		saw the deceased abave (1) (we) (die 22b. SIGNATURE	(did not) vi	ew the bady	after death.			eve+ apinian d	eath accurred an t	he date and h				ated
ì		20. SIGNATURE	11/1	(1)			DEGREE AT	TENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF	2.	20 DATES	2 - G	-
		Md. PHISICIAN'S NAM	AE TYPE OR PRI	INT)			22e ADDRESS	ITSICIAIN [DIRECTOR FT	TSICIAIN []		41 4 4	- 17	
		Charles &	5.124	lorn	(1)		2Knd1	1 Norm	Drur.	Colun	ulir	m)	210	15
		URIAL, CREMATION, RE		36. DATE	1- 2	R NAME OF C	EMETERY OR CE	REMATORY	23d LOCATION		COUN	12	5	TATE
V	24 511	Cremat	ion	11/13/		alto.	Wash.	Cream	tory	AWRE	6	2 G.		MD.
		JNERAL DIRECTOR		16			Bing R	ZOO DATE		- W. n.	ISTRAR'S	SIGNATU	JKE	0.00
-00	101	FOU F.M.	TAIL .	/	A11.001	120 74	110	7 1111	17 1 1 10	E Comme	A As -	-	12 10 12 m	-

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5019	1-	FOR STATE REGISTRAR			DEPARTN	STATE OF MARYLA MENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGIEN	E REG. NO	. 0.	1 5	3 /
.1.		CEASED NAME	FIRST		WIDDLE	ŁAST	20.	DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
poge 3	,,,,,,		Etta		Mae	Crawford			11-5-8	3.5	7:10%
	3. SEX	(4 RACE		5. DATE OF BIRTH	YEAR	GE (IN YEARS LAST BIRT	THDAY) IF UNI	DER I YEAR	# UNDER 24 HRS
ector.]	Female		Caucas	sian	8 23	190 5	80	YRS	UAIS	MIN.
funeral dir thin 72 hou		RTHPLACE (STATE OF COUNTRY)			• A •	MARRIED WEVER	AARRIED . 9. E	Howard		EATH	M
iled with	1	TY OR TOWN OF DE		(IF NOT IN SU	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET A Cheel Dr		{TY	USUAL OCCUPATE PE OF WORK FOR MOST OF DUSEWIFE	F WORKING LIFE) IN	b. KIND OF IDUSTRY	BUSINESSOR
d 2 should be	13a S	AL RESIDENCE IF NUF TATE Md.	13b COUN	other institution	13c. CITY OR TOWN Ellicot		ITY LIMITS? 13e	STREET ADDRESS /	ZIP CODE	Elli	cott (
15 July 1	14. FA	THER'S NAME Harry		WIDDIE	Gröff		MAIDEN NAME L'Zabeth	WIDDIE		egle:	2104
emoval.		VAS DECEASED EVEL ES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	4094654			L. Ojal	ss (Same		# 13
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permit. The prior to was ony in	RIFICATION	Conditions, if ony gove rise to im couse Io1, stati underlying cous PART 2. OTHER SIG	nmediate ing the se last.	DUE TO, C	OR AS A CONSEQUE		CONORMED ?	/	. 11 -	T TO	GS USED
rial-transit permit. Then please re- ental Hygiene prior to burial, crea- tem 18 shaws any injury, ar other	DICAL CERTIFICATION	gove rise to im couse Io1, stati underlying cous PART 2. OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING LIF EITHER, NOTIFY MEE	ATION NDERLYING CAUSE OF DEAL CAUSE OF DEAL EXAMINER	DUE TO, C	OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH OF INJURY A.M. MONTH DA	DEATH BUT NOT RELATED C W C COPERATION WAS PERFO	RMED JURY OCCURRED	estive Roo AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES	RE FINDING CAUSES	GS USED OF DEATH?
After this certificate has been signed by the eas the burial-transit permit. Then please realth and Mental Hygiene prior to burial, cremarked at them 18 shaws any injury, at other	MEDICAL CERTIFICATION	gove rise to im couse IoI, stati underlying cous IoI, stati underlying cous PART 2. OTHER SIG	ATION DERIVING CAUSE OF DEAL EXAMINER RRED WHITE CORE WHITE CO	DUE TO, C (c) CONDITIONS C 19b COND 19b COND 11b TIME C HOUR A P 21b PLACE (AT HOME, S1	OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH I OF INJURY A.M. MONTH DA P.M. OF INJURY IREET, FACTORY, OFFICE, FA	OPERATION WAS PERFO	RMED JURY OCCURRED	YES NOX	20b. IF YES, WEI IN CERTIFYING YES 11 YEN 11EM 18 PART I CO	RE FINDING CAUSES (DR PART 2)	GS USED DF DEATH? NO STATE
DIRECTOR. After this certificate has been signed by the oched for use as the burial-transit permit. Then please re Dept. of Health and Mental Hygiene prior to burial, cree if them 21 is marked or them 18 shows ony injury, or other		gove rise to im couse 101, stati underlying cous PART 2. OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING LIF EITHER NOTIFY MED WHILE NOTIFY ALL AT WORK NOTIFY TO SAW therefore	ATION NOERLYING CAUSE OF DECAL EXAMINER RRED WHITE CORR WHITE C	DUE TO, CO. CO. 19b. CONE 19b. CONE 19b. TIME C. HOUR A. HOUR A. HOW. SI	OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, FA	OPERATION WAS PERFO VY YEAR 19 216 HOW IN STREET DECREE	JURY OCCURRED ON 19 7 9 (our) opinion deat	VES NOT INTERPRETATION OF THE PROPERTY OF TO THE PROPERTY OF T	20b. IF YES, WEIN CERTIFYING YES IN LERTIFYING YES IN THE 18 PART I CO	OUNTY OUNTY OUNTY OUNTY	GS USED OF DEATH? NO STATE STATE
RAL DIRECTOR: After this certificate has been signed by the detached for use as the buriol-transit permit. Then please re State Dept, of Health and Mental Hygiene prior to buriol, crem.NT: if them 21 is marked or them 18 shows ony injury, or other		gove rise to imcouse ioi, stoti underlying cous PART 2. OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING IF EITHER NOTIFY MED 21d. INJURY OCCUB WHILE NOT WAT WORK 27a. Certify that Sowy. (1) (we) 27b. PNATURE 27d. PHYSICIAN'S N 27d. PHYSICIAN'S N 27d. PHYSICIAN'S N	ATION NDERLYING CAUSE OF DEADING ALEXAMINER RRED WHILE ORK I) this hospi	DUE TO, COOLITIONS COO	OR AS A CONSEQUE CONTRIBUTING TO D OF INJURY A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, FA y offer depth.	OPERATION WAS PERFO ARM, ETC.) DE ARM, ETC.) DE ARM, ETC.) DE CREE ARM, ETC.) ARM, ETC.) DE CREE ARM, ETC.) DE CREE ARM, ETC.)	JURY OCCURRED ON 19 79 (our) opinion deat TIENDING M HYSICIAM DI	VES NOT INCLUDE OF INJUR	20b. IF YES, WEI IN CERTIFYING YES IY IN ITEM 18 PART I CO WWN CO Ite and hour and	OUNTY OUNTY OUNTY Tram the co	GS USED OF DEATH? NO STATE state state GNED STATE
RECTOR: After this certificate has been signed by the hed for use as the burial-transit permit. Then please rept of Health and Mental Hygiene prior to burial, crement 21 is marked at them 18 shaws any injury, at other	MEDICAL	gove rise to imcouse ioi, stoti underlying cous PART 2. OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING IF EITHER NOTIFY MED 21d. INJURY OCCUB WHILE NOT WAT WORK 27a. Certify that Sowy. (1) (we) 27b. PNATURE 27d. PHYSICIAN'S N 27d. PHYSICIAN'S N 27d. PHYSICIAN'S N	ATION NDERLYING CAUSE OF DEAL	DUE TO, CO CONDITIONS CO 19b CONE	OR AS A CONSEQUE CONTRIBUTING TO D OF INJURY A.M. MONTH DA D.M. E OF INJURY IREET, FACTORY, OFFICE, FA The deceosed from Y ofter depth. M. D.	OPERATION WAS PERFO ARM, ETC.) DE ARM, ETC.) DE ARM, ETC.) DE CREE ARM, ETC.) ARM, ETC.) DE CREE ARM, ETC.) DE CREE ARM, ETC.)	JURY OCCURRED N 19 7 9 (our) opinion deat TIENDING M PHYSICIAN DIS Univer	CITY OR TOV	20b. IF YES, WEI IN CERTIFYING YES IY IN ITEM 18 PART I CO WWN CO Ite and hour and	OUNTY OUNTY OUNTY OUNTY Spr	GS USED OF DEATH? NO STATE state state GNED STATE



STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CEI	RTIFICATE	OF DEATH	

REGISTRAR			CERTIFICATE OF DEATH	REG. NO.		
I. DECEASED NAME (TYPE OR PRINT)	FIRST BETTY	JANE	DOROCIAK	November 6, 198	DAY YEAR	7:40 A
3 SEX	4.1	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female		White	July 12, 1927	58 YRS	MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE ISTATE OR WISCONSIN		U.S.A.	MARRIED NEVER MARRIED WIDOWED NORCED	9 BALTIMORE CITY OR COUNTY Howard County	OF DEATH	MD
10 CITY OR TOWN OF DE	ATH 11	NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR

1	COLUMBIA	2210 H	nerbs rack bir	ve	Housewire	Own Ho	me
9			GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN Columbia		13e STREET ADDRESS / ZIP CODE 5510 Phelps Luc	k Drive	2104
1	14 FATHER'S NAME FIRST Victor	MIDDLE J.	Adams	15 MOTHERS MAIDEN NA Josephi	MIDDLE	LAST Cibi	k
		IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		SEA

No	398-22-/1/6	John Dorociak	Same as # 1.	3
18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CA	ne couse per line log (o), (b), and (c,) (a) (b) (c)	ervical canc	n	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	metasta sis		
couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			No. of the last of

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES	NO 🗌	
210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH HER NOTIFY MEDICAL EXAMINER)	LIQUID A AA AAQAMTTI DAY YEAD	21c HOW INJURY OCCURRE	D TENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)		
214 BAJURY OCCURREN	216 PLACE OF INJURY HOME STREET FACTOR OFFICE FARM ETC.)	211 LOCATION STREET	LILY OR TOWN	COUNTY	STATE	
22s 1 cortify that (1) (this haspital	attended the deceased from	2) 10 05	In NOV G	10 03	that (I) (we) last	

		111-719				
-17	220 1 certify that (1) (this hospital) attended the discepted from	(000 2)	19.05 , to.	NW 6		t (I) (we) los
	saw the deceased alive on	and that in (my) (our) opinion death or	curred on the date and	hour and from the cou	ses stated
	obove, (1) (we) (did) (did not) view the body ofter death.					

231 NAME OF CEMETERY OR CREMATORY

22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Kishel M.D. John J.

5555 Twin knolls Road, Columbia, MD. 21045

Me ADDRESS Laurel, MD. 3450 Fort Meade Professional Center Suite 208

Cremation	11/6/85	Westview Crematory	Catonsville	Maryland
FUNERAL DIRECTOR PUSSEL	1 C. Witzke	Funeral Homes P A 250 DATER	EC'D. BY REGISTRAR 256 REGISTRAR'S S	IGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

NOV 1 2 1985 Julie Tevidon Bardon

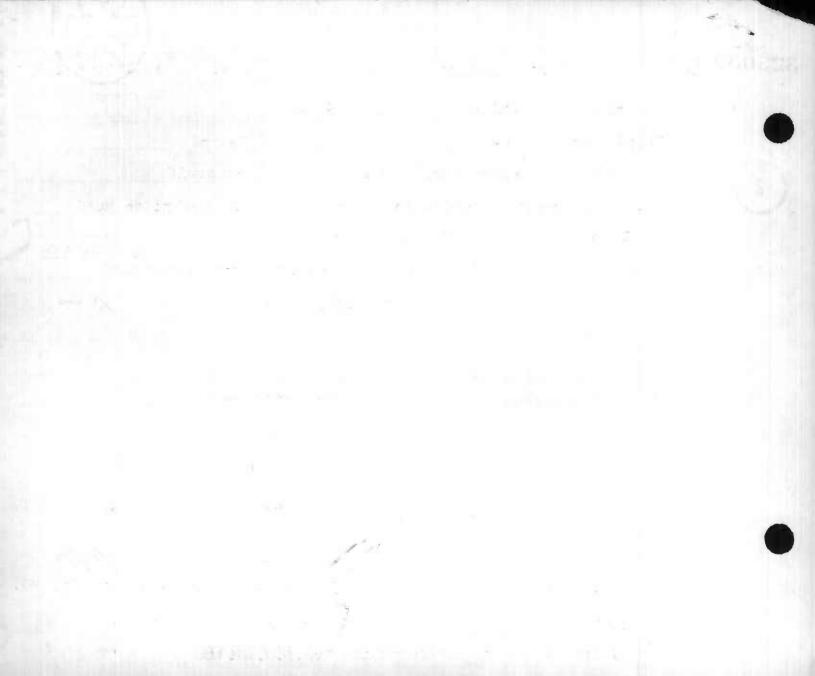
	FOR	
-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		REGISTRAK			TERTE OF BERTH	•	REG. N	10.		
7		CEASED NAME FIRST Minn	ie Isabelle	Dul	se.	20	NOV .	19,	1985	2:05A M
	3. SE)	x	4 RACE	5. DATE O		-	AGE (IN YEARS LAST BI	RTHDAY	MONTHS DAYS	IF UNDER 24 HRS
1		Female	White	11	5 02		83	YRS	MONTHS DATE	MIN.
L		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIE	D 🗆 9	BALTIMORE CITY	OR COUNT	Y OF DEATH	
	W	Mashington	USA	WIDOWI	DIVORCE	D 🗆	Howard			MD.
		olumbia	11. NAME OF HOSPITAL, NURS IF NOT IN SUCH FACILITY, GIVE STREET Lorien Nursi	ET ADDRESS)			to USUAL OCCUPAT TYPE OF WORK FOR MOST Housewi	OF WORKING L		OF BUSINESS OR
2	130 S M	Id. How	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIM YES NO] 6	STREET ADDRESS			1
9		ATHER'S NAME William	schul*	tz	Etta Etta	EN NAME	MIDDLE		Burn	
		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN] (IF YES, GI NONE	VE WAR OR OATES)	0800	17 INFORMANT Etta Jar	ne Ho	olweck(D	2	ame as ter)	13E
		PART I. DEATH WAS CAUSE		Estic	Bugea	7	Carevo	4	APPROXI BETWEEN O	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (c)							
	NO		CONDITIONS CONTRIBUTING TO					1DITION GI	VEN IN PART 11	0
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTI	ES, WERE FINDIN IFYING CAUSES (ES]	NGS USED OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY O	CCURRED	(ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)	
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE	FARM ETC)	21f LOCATION		CITY OR I	OWN	COUNTY	STATE
		saw the deceased alive or	ntal) attended the deceased from 19 of: view the body ofter death.		nd that in [my) [our) of	B / pinion deo	, 10	date and ha		that (I) (we) lost couses stated
e		226 SIGNATURE	2	are	NI LETTE		MEDICAL STA		1/19/	SIGNED /33-
		Dr. Jerry			10802 H:	icko:	ry Ridge	Rd.	Columb	ia, Md.
	- {	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	11/22/85 23c	NAME OF C	emetery or cremate gton Ceme	eter				STATE
		UNERAL DIRECTOR	11000 NT ADDRESS				C'D. BY REGISTRA		TRAR'S SIGNAT	
	H.	inës/Rinaldi	TIOOO NEW H	ampsh	ire Ave.	D. Certe	ECP. NOO	1		- Indoor

DHMH - 16 50M 4/83 (VRA 15, 4)



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gr.	UTED WITHIN IN PENCIL IN EXAMINER A IAL - TRANSIT O MENTAL HY ON, OR REMO		gave ri	e ta imme	ediate)	(b)												
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RECORDS,	ULD BE EXECUTED "PENDING" IN PI EF MEDICAL EXA ED AS A BURIAL- HEALTH AND ME AL, CREMATION, ()	N.	PART 2 OTNER SI	GNIFICANT COND	ITIONS CONTRIB	UTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	IINAL OISEAS	OR CONDITION	GIVEN IN PAR	T 1 (a)						
REC	THE A MED	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	1	196 CONDI	TION FOR	WHICH OPER	RATION W	AS PERFOR	MED?					20	AUTOPS	Y?
DIVISION OF VITAL	るちょうなら	FF															YESXX	NO 🗆
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NO	RTIFICATI NG THE V SHOULD SHOULD PROR TO	N.	UNDERLYING	WOR CAUS	E OF DEATH	9:27P		-9 19 8		edestr	ian s	truc	k by	auto				
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á	JER: THIS GER TATE, WRITIN FORWARDED OR: PAGE 3 S HE STATE DEF ND, 21 201 PR	Z	WHILE AT WORK	NOT WHIL	E XX		tory, farm, e	TC.)	Rt		south	of R	t. 14			CO.	, Md	STATE
	ST PAK					e remains de	cribed abo	ve held an	Auton	sy XX.	Inspection	П	Inquiry	П	nd in my	aninian	1100	
	AND THE THE		death result	. 1	Natural cou		Sacrido		icide	. Homic			rmined mo		11.0 III III y	apiman		
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	PAGE TO FU	23a.B	URIAL, CREMA	TION, REMO	VAL 23b. DA	TE	23c. 1	NAME OF CE	METERY C		RY	23d. LOC	ATION			OUNTY		STATE
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25M	DHMH - 17	24 F	UNERAL DIREC	TOR		ADDRESS					SE DATE R	EC'D. BY F	REGISTRA	25b. REC	SISTRAR		TURE	
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33113		CEASED NAME FIRST		MIDDLE	1	AST	2a DATE OF DEATH		YEAR 26 HOUR	
1 14 4/	/	MILDRE		CLARE	-	NNIGAN	NOVEMBER 2		6:15	_
1	3.563		4. RACE		5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR IF UNDER 24	MIN.
TOVA	70 BI	FEMALE RTHPLACE STATE OR FOREIGN	WHI'	TE WHAT COUNTRY?	OCTO	BER 5, 1919	9. BALTIMORE CITY O	YRS .	EATH	
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the state of the s	Co	TY OR TOWN OF DEATH	5234 V	Vest Runn	ing B	cook Rd	12d USUAL OCCUPAT (type of work for most of Homemaker		L KIND OF BUSINESS	SOF
Filled in	13a S	AL RESIDENCE (IF NURSING HOME TATE 136 COL ARYLAND		136. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5234 W. RU	ZIP CODE NNING BR	100K 210	3 4
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be seen		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN)	ARMED FORCES? BIVE WAR OR DATES)	179-14-3		CHAUNCEY J.	FLANNIGAN	SAME	(HUSBA) APPROXIMATE INTERVA BETWEEN ONSET AND DE	
is that the death certificed by the attending places remove carbong priol, cremation, or remove, or other traumatic even		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O (b) DUE TO, O (b) (c)	OVARIA DR AS A CONSEQUE DR AS A CONSEQUE	NCE OF					
to for inquire	CERTIFICATION	PART 2 OTHER SIGNIFICANT				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED	?
SICIAN TO SPECIAL TO SECTION TO SPECIAL TO SECTION TO S	EDICAL CERT	?) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D JIF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	DF INJURY .m. MONTH DA .m.	YEAR	21c HOW INJURY OCCUR				
other the both of the by the b	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME 51	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO		OUNTY STAT	E
At Oil ATTENDS the hospital as At DIRECTOR A Inteched for user and Digit of Heal T. If hem 21 is man		220.1 certify that of this has saw the deceased alive a abave. We will all this has a compared to the compared	NOVEMB	ER 22 19	85_, or	3 19 84 Indicate that in (NK) (our) apinion DEGREE ATTENDING PHYSICIAN [ate and have and	from the causes state) los
D HOSPIT trained by O FUNER hould be d		12d. PHYSICIAN'S NAME (TYPE	henser (lmo		22e ADDRESS NATIO	ONAL INSTITU	JTES OF I		
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DHMH - 16 60M 7/84 (VRA 15, 4)

Harry H Witzke 4112 Columbia Rd, Ellicott City Md 250 DNOV 26 1985

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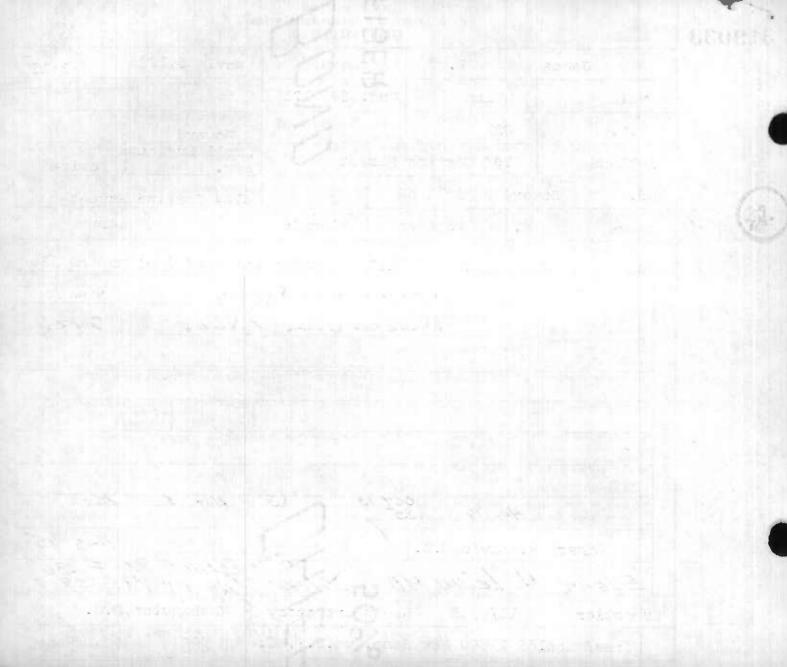
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STATE OF MARYLAND

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71	10.5	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	ON	120 USUAL OCCUPATION	NC	126. KIND O	F BUSINESS OR
/	0	alumbia	LE NOT IN SUC	HEACILITY, GIVE		11 14	-	Retired C	hef	E) INDUSTRY	
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44			DUE 10, O	R AS A CON	SEQUENCE OF					- 4	
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9	E)C	IN DATE OF OPERATION	THE COINE	ITION FOR V	VIICH OFERATI	ON WAS PERFORMED		200 AUTOFST:	IN CERTIF	YING CAUSES	OF DEATH?
1	200										NO 🗌
61	5	The state of the s	110115		H DAY YEAR	21c. HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P.	ART I OR PART 2)	
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/	00	21d INJURY OCCURRED				211 LOCATION		CITY OR TOX	WN	COUNTY	STATE
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		obove, (I) (w/) (did) (flid not	wiew the body	after death.	1						
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		Lounen	6	SUUI	NK.	0450	BH	-61.2711	- //-	1,00	- /71)
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE		23c. NAME OF	CEMETERY OR CREMA	ATORY				
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DHMH - 16 50M 4/83 (VRA 15, 4)

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SCESSAR MATERIAL MATE	70. E	BIRTHPLACE (S	STATE OR	76. CITIZEN OF WE	HAT COUR				VER MARRIE DIVORCE		ALTIMORE C	d Coun	INTY OF		MD
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NAME OF THE PERSON OF THE PERS		JAL RESIDENCE STATE Md.	13b. COUN	orother institution, Gr VTY ward		E BEFORE ADMISSION Y OR TOWN	4)	13d. INSIDE (I Yes 🗌	ITY LIMITS?	13e STREET 9210	ADDRESS F. Tr	aders	208 Cros		
AND THE PERSON OF THE PERSON O	14. F	FATHER'S NAM	E	MIDDLE		LAST		15. MOTHE	R'S MAIDEN	NAME	WIDDLE			LAST	
BALTIM IRS AFTER C S. GIVE PA WITH FORM WITH FORM DIVISION		WAS DECEASE YES, NO, OR UNKNI	D EVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURITY	NO.	17 INFORA	AANT		ADI	DRESS			
ST OF ONE		18. CAUSE O PART I D	EATH WAS CAUSE	nly ane cause per line ED BY: ATE CAUSE (a)	far (a), (b		nron	ic Par	ncreat	itis				PPROXIMATE WEEN ONSET	INTERVAL I AND DEATH
WITHIN SHIPEST NICIL IN SINER ALL FRANSIT ATAL HYCON		gave r	ans, if any, which ise to immediate i) stating the <u>under</u> -	(b)		NSEQUENCE O	15				415				
RECORDS, 201 W. LD BE EXECUTED W PENDING" IN PEN MEDING AS BUBIAL THE REALTH AND MENT ", CREMATION, OR.		lying ca	use last.	(c)				F DR (DNDITIDI	N GIVEN IN PARI	Llin					
LL RECOR ULD BE ED "PENDIN EF MEDIC FED AS ALI HEATH	CERTIFICATION		FOPERATION			WHICH OPERA					-		20	AUTOPSY	>
DIVISION OF VITAL S CERTIFICATE SHOUL RITING THE WORD " RED TO THE CHIEF ROED TO THE	I CERTIF	210. EXTERN	AL CAUSE WAS		. MONTH	DAY YEAR	21c H	OW INJURY	OCCURRED	(ENTER NATU	RE OF INJURY IN I	TEM 18 PART 1 OF	R PART 2)	YES 🔀	NO 🗆
DIVISION OF VITAL RECORDS, 201 W RR. THIS CERTIFICATE SHOULD BE EXECUTED ATE, WRITING THE WORD "PENDING" IN PE CORWARDED TO THE CHIEF MEDICAL EXAM DR. PAGE 3 SHOULD BE USED AS A BURIAL. I HE STATE DEPARTMENT OF HEALTH AND MEN ND, 21201 PRICATED BURIAL.	MEDICAL	21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE C				CATION		Cil	Y OR TOWN		COUNTY		STATE
EXAMINER: THE CERTIFICATE, TO THE FORW OULD BE FORW IN THE STAME IN INTERPRETABLE STAME INTERP		22a I cert		ge of the remains des	cribed abo	() ()	Autop	sy K,	Inspection		nquiry ,	and in my	apinian		
TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOLD TO FUNERAL DIRECTO AFTER DEATH, WITH IT	4	ACTUAL SIGNATURE	11	You	10	VA	ne	PACTI		LELEDICA	L EXAMINER	DA' SIG	TE NED	11/11	/85
TO MEDI EXECUTE PAGE 4 FOR TO FUNI	23a	EXAMINER'S (TYPE OR PR		homas D. S		, M.D.	ETERY C	ADDRESS_		111 Pe	TION				
07/84 RP		(SPECIFY) Rei	noval	11/26/85						CITY OR TO	OWN		OUNTY		ATE
25M DHMH - 17 (VR A15 ME (5))	24.	FUNERAL DIRE	ctor Anatomy	Board	A	natomy	Boar		250. DATE RI	O5'N	GISTRAR 25b.	REGISTRAR'	SSIGNA	TURE	di-

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STATE OF MARYLAND

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TYPE OF PRINT	FIRST FILLIAN		S.		ERMAN	10		vembe	month r 18,	1985	20.110	30 p M
3 SEX Male		4 RACE White		June		1909 YEAR		YEARS LAST BI	YRS	MONTHS DA		DER 24 HRS
7a BIRTHPLACE (STATE OF COUNTRY) Pennsylva	nia	76 CITIZEN OF	·A ·	MARRIEI WIDOWE		R MARRIED DIVORCED		ore city of		ty OF DEATH	1	MD,
Columbia		11. NAME OF I	OSPITAL, NURSIN HEACILITY, GIVE STREET A Nursing	GHOME O Cente	R OTHER II	NSTITUTION		COCCUPAT ORK FOR MOST		LIFEI INDUST	D OF BUSI RY lroa c	
USUAL RESIDENCE (# NU 130 STATE Maryland	13b COUP Howa	VIY	GIVE RESIDENCE BEFORE 13c CITY OR JOWE Columbia	N	13d INSID	E CITY LIMITS?	130.STREE	ADDRESS 99 Hi	/ ZIP COL	Ridge	Road	2104
14 FATHER'S NAME ROCCO		MIDDLE	German	10	IS MOTHE	Maria	IAME	Loui	se	F	ernic	ola
160 WAS DECEASED EVE		MED FORCES? VE WAR OR DATES)	716-05-9		Mrs.	Amita	Balest		Colu	4 Quic mbia,	k Fox	1045
18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	nly one couse per ED BY. TE CAUSE (a)	Preun		i					BETWE	ROXIMATE IN EN ONSET A	TERVAL ND DEATH

cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT COI	nditions <u>contributing to death</u> but	NOT RELATED TO THE TER	RMINAL DISEASE OR COM	NDITION GIVEN IN PART TIO
19a DATE OF OPERATION	1% CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART 2)

DUE TO, OR AS A CONSEQUENCE OF Dementica

21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OF TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE

apinion death accurred on the date and have and from the causes stated (did not) view the body ofter death DEGREE MO

BRUNO MD

Conditions, if ony, which gove rise to immediate

> 22e ADDRESS Build. Columbin, mo Medica

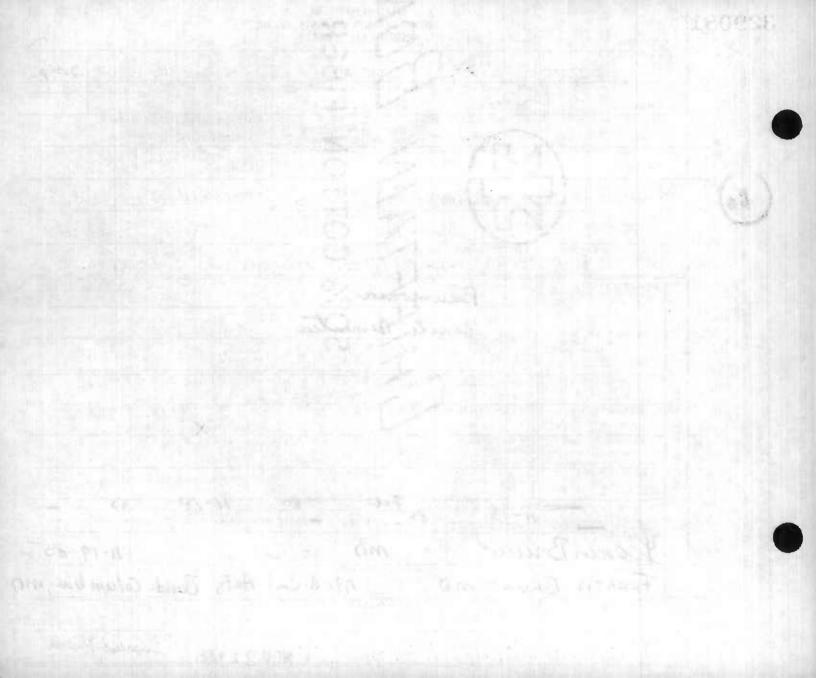
Altoona 230 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Burial 11/21/85 Calvary Cemetery Pennsylvania

DHMH - 16 60M 7/84 (VRA 15, 4)

Leroy M. & Russell C. Witzken Funeral Homes P.A. 5555 Twin Knolls Road, Columbia, MD. 21045

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

BY REGISTRAR 256, REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) RO.BERT 12:00 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 12b. KIND OF BUSINESS OR INDUSTRY 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 1500 FOSTER Silver Spring, MD APPROXIMAN INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b)
PART I. DEATH WAS CAUSED BY: WEEKS IMMEDIATE CAUSE IO tepatatic Railan Conditions, if any, which gave rise to immediate AS A CONSEQUENCE OF _ underlying

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I		
			YES NO	YES 🗍	NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR					
21d. INJURY OCCURRED WHILE ON I WHILE OF AT WORK	216 PLACE OF INJURY LATHOME STREET FACTORY, OFFICE FARM ETC.	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE	

DEGREE

Ash Memorial

22e ADDRESS

ATTENDING

Cem.

DHMH - 16 60M 7/84

id be de MPORTANI

24 FUNERAL DIRECTOR George R. Snowden (VRA 15, 4)

226 SIGNAT

230 BURIAL CREMATION, REMOVAL Burial

en-I. LEYNE, MO

11-15-85

obove, (I) (we) (did) (did not) view the body ofter death.

Rockville.

Sandy

STAFF DIRECTOR PHYSICIAN

Spring,

Montq. MD

22c. DATE SIGNED

Company of the constitution of the constitution of PART SYNCHEST CONTRACTOR STATE OF THE STATE 329077

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
I DECEASED NAME	FIRST		MIDDLE	- (AST	20 DATE OF DEATH	нтиом	DAY YEAR	26 HOUR
(TYPE OR PRINT)	GEORG	E	н.		GRANT	November	17, 1	985	9:30P N
3 SEX	4	RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
Male		White	e	Octo	ber 8, 1917	68	YRS	MUNINS DATS	HOURS MIN.
To BIRTHPLACE (STA	TE OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	0	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
England		United	Kingdom	WIDOWE		Howard	Count	y	MD
10. CITY OR TOWN O	F DEATH 1	I. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
Columbia	3-7-8	7113	Talisman 1	Lane		Receiving			
USUAL RESIDENCE III	F NURSING HOME OR O'		GIVE RESIDENCE BEFORE		A 174 INICIDE CITY I MAITE?				
Maryland	Howa		Columbia	14	YES NOT	13e STREET ADDRESS	alisma	n Lane	21045
14 FATHER'S NAME					15. MOTHER'S MAIDEN NA				
Henry	MI	DDLE	Gran	t	Lilliar	MIDDLE		Sta	ndcliff
160 WAS DECEASED	EVER IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMANT		RESS		
NO NO OR UNKNOW	(IF YES GIVE	WAR OR DATES	577-52-0	0536	Pauline Gran	nt Sam	e as #	13	
PART 2 OTHER 190 DATE OF OIL	stating the couse lost. SIGNIFICANT CO	(c) ONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YI	IVEN IN PART 1	INGS USED
H						YES NO		ES [NO [
Order Constitution of	AS UNDERLYING CONTROL GOVERNMENT CAUSE OF DEATH Y MEDICAL EXAMINER)		OF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
(IF EITHER, NOTIFI 21d INJURY OC	CURRED		OF INJURY	. D. A. E. C.)	211 LOCATION	CITY OR	IOWN	COUNTY	STATE
WHILE N	AT WORK	(AT HOME ST	REEL PACTORY, OFFICE P	ARM EIL)	31865				
sow theute	of (1) (this hospital cosed alive on (did (3rd non	100	6 19		nd that in (my) our opinion o	death occurred on the	date and ha	22c. DAT	, that (I) (we) lost e couses stated E SIGNED
22d. POPYSICIAN	I'S NAME (TYPE OR	PRINT)		-	22e ADDRESS	¥			0 00
Willia	am Parne	es M.	D.		11085 Little	Patuxent	Parkwa	ay,Colum	mbia, MD

M.D. William Parnes 230 BURIAL, CREMATION, REMOVAL 236. DATE Cremation 11/19/85

23c NAME OF CEMETERY OR CREMATORY Westview Crematory

Catonsville

23d LOCATION

COUNTY Maryalnd

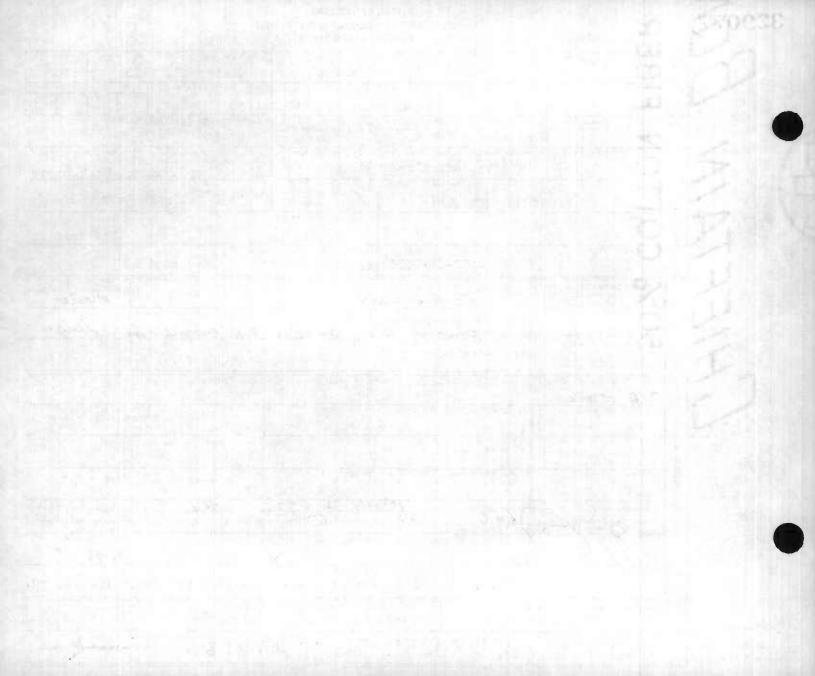
DHMH - 16 60M 7/B4 (VRA 15, 4)

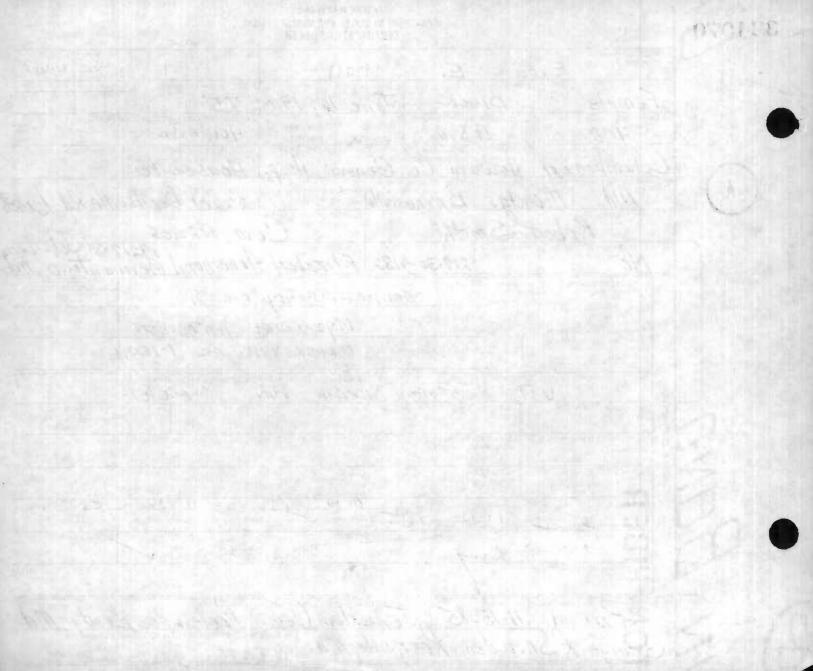
BP.

and Mental Hygiene prior to burial,

IMPORTANT: If Hem 21 is marked or Hem 18 shows

2 1 1985 Leroy M. & Russell C. Witzke Funeral Homes P.A. NOV 5555 Twin Knolls Road, Columbia, MD. 21045





FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT	OF	HEAL	TH	AND	MENTAL	HYGIENE
CE	RT	FICA	TE	OF	DEATH	

323006	X	1 -	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYO	GIENE REG. NO.	5 ;	
	1		EASED NAME	FIRST		WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
oy be		TYPE	OR PRINT)	DONA	LD	AUSTIN	ŀ	HOBBS	November 13,	1985	3:45 ^A
you god	3	. SEX			4 RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
earth Yoge 4		Male			Whi		May			MONTHS DAYS	HOURS MIN.
		I BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland			U.S.	A .	MARRIE WIDOWE	D X NEVER MARRIED DIVORCED	Howard County		
The state of	11	Columbia			11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 10312 Crimson Tree			OR OTHER INSTITUTION Court	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY College		
NJ	20	Ma Ma	RESIDENCE (IF NURS TATE ryland	13b COUN Howa	TY	GIVE RESIDENCE BEFORE 131. CITY OR TOW Columbia	N	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / ZIP (10312 Crimson	CODE n Tree Ct.	21044
	211		THER'S NAME FIRST Merril	L H	opkins	Hobbs		Ethel	MIDDLE	Haefne	r
be essed the good	1	IY	/AS DECEASED EVER es, no or unknown) es		WAR OR DATES)	166 SOCIAL SECU 217-20-3		Mary Lou Ho	bbs same as	s # 13	
quires that the death consigned by the attending the please remove carbon barriel, cremotion, or other troumatic		7	Canditions, if any, gove rise to imm cause (a), statin underlying cause	nediate g the last.	(b)	r as a conseque	NCE OF	NOT RELATED TO THE TERM	q - widely meta		
on. hos been permit. T ene prior f	3	CERTIFICATION	Anemi	ION	196 COND			n was performed	20a AUTOPSY? 20b.	IF YES, WERE FINDIN ERTIFYING CAUSES YES	GS USED OF DEATH? NO
G PHYSICIAN: The strending physicion in the buriol-tronsit pond Mentol Hygier ked or sen I Error		S S	21a, ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. IN JURY OCCURF WHILE NOT WH AT WORK AT WOR	AUSE OF DEA	P. 21e PLACE	m, month da m.	19	211 LOCATION STREET	RED (ENTER NATURE OF NJURY IN ITE	COUNTY	STATE
OK ATTENDING the hospital or of DIRECTOR Afte sched for use os Dept of Health f them 21 is morth			220.1 certify that (I) saw the decease	(this hospited alive an	WAY S	19_1	, 01	nd that in (my) (our) apinion	to Nov 13 death occurred on the date and		
TO HOSPITAL OF PROPERLY OF TO FUNERAL DISPOSITATION OF SHOULD BE DESIGNED WITH THE STORE DE IMPORTANI: If IN	+		Jan 226 PHYSICIAN'S NA	4,	-			ATTENDING PHYSICIAN 2	MEDICAL STAFF DIRECTOR PHYSICIAN	11-13	-85
TO HO retoined TO FU should with th	7	3a. B	URIAL, CREMATION,		Tab DATE	1236 N	IAME OF C	10806 HICKE	123d LOCATION	columbia	, Mo

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 11/16/85

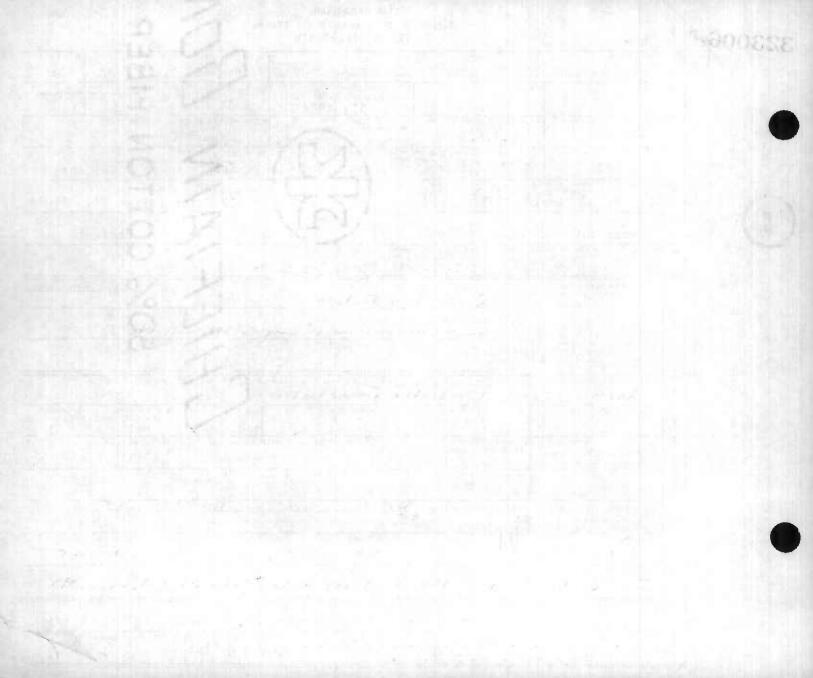
23c NAME OF CEMETERY OR CREMATORY Meadowridge Memorial

23d LOCATION CITY OR TOWN Dorsey

COUNTY

MD.

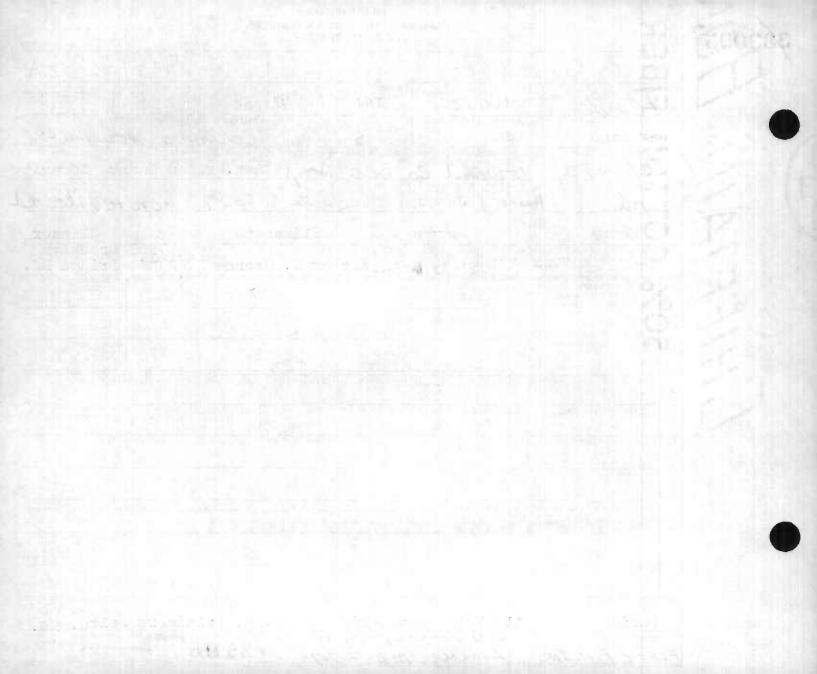
Leroy M. & Russell C. Witzke Funeral Homes P.A. NOV 14 1985 5555 Twin Knolls Road, Columbia, MD. 21045



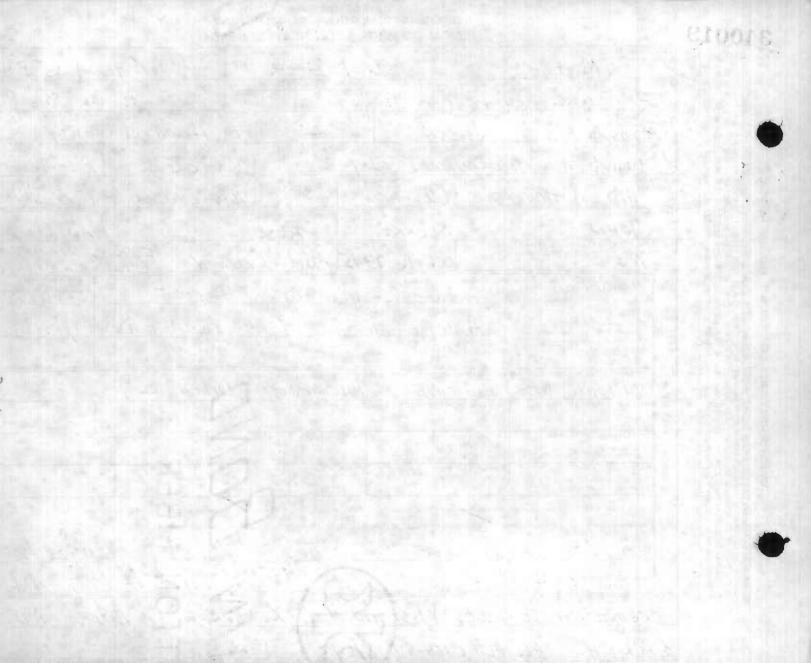
DHMH - 16 50M 4/83 (VRA 15, 4)

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Recired			
oll Avondals, testland He.			(51)
vnean	liuret	Hunt	litchaol
:.35712 Avondale,Westland H	2 rs Mary C Tud	365-91-493	

33095	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH		3 G. NO.	8	
poge 3		CEASED NAME OR PRINT)	5(5)	2	E,	Ki	rby	20. DATE OF DEAT	H MONTH	24 8:	20 110011
ge 4 morector. po	3 SE)	Female	4 RAG	wh	ITE	S. DATE O		6 AGE IN YEARS LA	YRS		AYS HOURS MIN.
deoth. Po	Ŋ	RTHPLACE (STATE OR FOREIG COUNTRY) laryland	/ τ	JSA	HAT COUNTRY?	WIDOWE		GOLUN	opra,	Hore	cencl C6 MD.
by the filled with	1	COlumbia	1 %	towa	ACILITY, GIVE STREET A	DDRESS)	POTHER INSTITUTION	120 USUAL OCCU TYPE OF WORK FOR M Ret.Pri	OST OF WORKING	HEE INDUST	of Business or Security
in 24 hou filled in thould be	13e S	ma	COUNTY AN	13	Jessur	1	YES NO	13e STREET ADDRI	SS / ZIP COI	n to	video el
completel	1	THÉR'S NAME Henry	MIDDLE		Frage		Elizal	oeth MIDE	DDRESS 79		Glanzer
ion ond or rs. Poges		no	ES, GIVE WAR	OR DATES)	21-701	-8422	Esther E. S		aurel	' Br	ooklyn idge Rd.
bon pope removol.	d	18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter only one AUSED BY: EDIATE CAL		avdice	201	rest				ROXIMATE INTERVAL
by the strain substance cork , cremotion, or other troumotic		Conditions, if ony, whi gove rise to immedia couse (o), stoting t	the be	(b) CO	AS A CONSEQUE	NCE OF A			. 11	h	eurs
quires that signed by Then please to busial, c	NO	underlying couse lo	_ ((5)	ITRIBUTING TO D	130	NOT RELATED TO THE TERM	INAL DISEASE OR		GIVEN IN PAR	1110
he low re non. hos been t permit. tene prior	CERTIFICATION	190 DATE OF OPERATION	1	96 CONDITK	ON FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIN TIFYING CAU	IDINGS USED SES OF DEATH?
ig physical	-	210 ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH	1b. TIME OF I HOUR A.M. P.M.	MONTH DA	Y YEAR	214 HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18	8 PART I OR PART	2)
ottendin otter this as the bu th and M	MEDICAL	21d INJURY OCCURRED WHILE DOT WHILE TO AT WORK	16	Ie. PLACE OF AT HOME STREET	EINJURY I. FACTORY, OFFICE FA	. 1	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
ATTENDI ospitol or CCTOR: A d for use t of Heal		220 I certify that (I) (this sow the deceased all	ve on	1/23	10 8	35.07	d that in (my) (our) opinion o	eoth occurred on t	he dote and he	-	
by the hor by the both by the Dep		22d. PHYSICIAN'S NAME	TYPE OR PRINT	4/	All	Sal	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN [22c. D/	11/24/85
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote [IMPORTANT:	23n B	STEPHO SURIAL, CREMATION, REM	51	A 1	/tra	AME OF CE	METERY OR CREMATORY	PLD CO	note	9 6	en (tox
BP	(Burial		11/27	/85 Me	eadow	ridge Memo	Pk. Bal	timor	e Bal	to. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		ECK F.H.J	TVC.	LAN	ADDRESS LREC.	,	6	V 26 198		STRAR'S SIGN	VATURE



	1	FOR	DEDAI	STATE OF	MAKTLAND	Wales S	10/2	
040019	1-	STATE				DEDEATH		
340019	-	REGISTRAR		L EXAMINER'S	CERTIFICATE	REG.		
		CEASED NAME FIRST	WIDDLE	1	J LASI	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOU	1
2000	1	Nartha	7	LIEI	ZEAR	DEATH MATED	10 11 241085 PM	M
원인표정품 -	D. SE	X 4. RACE	S DATE OF BIRTH	6 AGE (IN YEARS IF L			MONTH DAY YEAR 24 HOL	IR
ZZZZZ		F Cauc.	MONTH DAY YEA	R LAST BIRTHDAY) MOI	NTHS DAYS HOURS	MIN PRONOUNCED DEAD	11 26 85 73	-
STAN SE	120	BETHPLACE ISTATE DE	76 CITIZEN OF WHAT CO	IIINITDV2 II		9 BALTIMORE CITY	Y OR COUNTY OF DEATH	
お歌の皇帝 //	3	orrepi countries 1		MAR	RIED NEVER MARE	RIED	- D County	
AS a s	1	emasylvania.	4.5.		WED DIVOR		reflouring) M	D.
完善品品()	1107	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME, OR O'	THER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS	
354#7/	16	clumbia	7080 CALLER	ecct Way		COUNTER GIR	C KESTHURSWI	-
- 10 N N N N N N N N N N N N N N N N N N		AL RESIDENCE (IF IN NURSING HOME C		NCE BEFORE ADMISSION			7,04	3
2 2 E E E E	130	STATE MD 136 COVN	MARIO 134	ELUMBIA	13d INSIDE CHY LIMITS?	13. STREET ADDRESS	er CAN ASTE	
1 6 4 4 5 5	100	ATHER'S NAME	011-1	Chell Line	15. MOTHER'S MAID	1 - 4	CK - 174 1015 217	=
四里 第一条四日人	1	raget	MIDDLE	· LAST	FIRST	MIDDLE	LAST 1	
# BB X X X	W.	JOHN	ne	LENKE	15050		HAWKINS	
M MACON		WAS DECEASED EVER IN U.S. AR	WAR OR DATES)	SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	5690 #2. STEVENS FSi.	K
ANT		NO	00	6-16-7945	MINELIA (RESSMAN	COLLAKIA MD LOY	15
S SOLAS		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a).	(b), ond (c),)		4	APPROXIMATE INTERVAL	-
TE OF OF W		PART I DEATH WAS CAUSE	DBY:		ratoria	Arrest	SIMULT.	H
S MEGRES		IMMEDIA	DUE TO, QR AS A C		100 1000	11111	Singue,	-
2 N N N N N N N N N N N N N N N N N N N		Conditions, if any, which	1 de		T. A.	10 1/2011	Dis. years	
E SESSER	100	gove rise to immediate	(b) 73 TE		olic las	dio Vascular	Dis. years	_
N OFFICE		couse (o) stating the <u>under</u> - lying couse lost.	DUE TO, OR AS A C	ONSEQUENCE OF				
M ENAMAGO			(c)					
A SESSES B	1	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL OISE	ASE OR CONDITION GIVEN IN P.	ART I tol. A c		_
8 #99958	CATION	CHYONIC DI	SST RUCTI	VE PULLA	TONAYY	Disease		
# 9879977	71 8	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?	_
₹ 58至38年2	(≚	BACK BUT SHIP					YES NO NO	-
N S S S S S S S S S S S S S S S S S S S	3 8	210 EXTERNAL CAUSE WAS	216. TIME OF INJUR	Υ 21ε.	HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM		-
5 2A+35F	41 9	UNDERLYING OR	HOUR A.M. MON					
S EPSEN	1 5	CONTRIBUTING CAUSE OF		19	OCATION	Take 198 STATE		_
PERSONAL PROPERTY.	MED	214 INJURY OCCURRED	21e PLACE OF INJU		STREET	CITY OR TOWN	COUNTY STATE	
A A A A A A A A A A A A A A A A A A A	1	WHILE NOT WHILE AT WORK						
2 ST		220 I certify that I took charg	a of the remains described	obove, held on Auto	opsy , Inspection	on Inquiry	ond in my opinion	
MQ S O E S		1/1					7	
AND SHEET OF SHEET	-	death resulted from: Notus	rol couses . Accide	ent L., Suicide L		Undetermined monner	1.	
\$ EEB #		ACTUAL S.O.	Min las	3-	TITLE (SPECIFY)	west.	DATE 11/24/05	-
ZESZEW Z	A	SIGNATURE 2	rancerus		M.D. De. P.	MEDICAL EXAMINER	SIGNED	_
DE ANDO	1	EXAMINER'S NAME R. J	Midelah	211	405	, Balt, N	attonit 10	9
A CHORAGO	1	(TYPE OR PRINT) ' H	·/VIINCII	ew	_ADDRESS	re, tillico	of city ma	4
502569	23a (SPECIFY)	3b DATE 2	NAME OF CEMETERY	OR CREMATORY /	236 HOCATION	Bush STATE 2	=
BP		cremation !	28 NOV 85	NESTVIEW	MEM. PK.	CATONSUICE	COM OTHERS	
DHMH - 17	24.1	UNERAL DIRECTOR	ADDRESS				GISTRAR'S SIGNATURE	
(VR A15 ME (5))	15	IACK FILL	-11 10 OTT (1)	V MA 211	14/2 DEC	4 1085 100	Side and - ly was	
20M 4/82	4	VIOL-111.	COILON ON	1.1111 614		- 1000	4	_



Leroy M. & Russell C. Witzke Funeral Home

LOUISE MANN

- STATE

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY) 83 9 BALTIMORE CITY OR COUNTY OF DEATH Howard County 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker Own Home 13e STREET ADDRESS / ZIP CODE 6150 Forland Garth Columbia, Md. Muth ADDRESS 21794 Md. Richard Moylan 2582 Louanne Ct. West Friedship TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR LOWN (our) opinian death occurred an the date and have and from the causes stated 22c. DATE SIGNED / MEDICAL PHYSICIAN DIRECTOR PHYSICIAN I Howard County General Hospital, Columbia, MD Baltimore Md.

REG. NO

MONTH

26 HOUR

2a. DATE OF DEATH

STATE OF MARYLAND

1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE REG. NO	D.		
	CEASED NAME FIRST	n	WIDDIE	nart	HOCK		MONTH DAY	YEAR 26 HOU	5 Am
1 SEX	x	4 RACE		S. DATE C		AGE (IN YEARS LAST BIRT		ER YEAR IF UNDER	
	female		asian	MONTH 4	12 19	66 year			MIN.
	RIHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY O		EATH	
	TY OR TOWN OF DEATH	U.S		WIDOW!	DR OTHER INSTITUTION	Howard 12a USUAL OCCUPATE		KIND OF BUSINE	MD.
1	Columbia	How:	and County	General General		type of work for most of homemaker	WORKING LIFE) IN	DUSTRY	05 OK
USU/ 13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 COL	OR OTHER INSTITUTION	134 CITY OR TOW		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS /			
1		ward		ark	YES NO TO	1000	n Ave. 2	1227	
	THER'S NAME			CV-2-17	15 MOTHER'S MAIDEN NA	ME	III AVE	1221	
11.5	Robert	MIDDLE	TAST		Grace	MIDDLE		LAST	
16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		SS	oetz	
- (1	YES NO OR UNKNOWN) (IF YES C	GIVE WAR OR DATES)	215 70 4	733	Ronald R. Ma	rtlock Cat			8
	18 CAUSE OF DEATH (Enter of	anly ane cause pe			110110111111111111111111111111111111111	THIO CALL		APPROXIMATE INTERVENTED TO SET AND I	
	PART I. DEATH WAS CAUS	ATE CAUSE (a)	Cardio	respi	-atom arre	at			
		DUE TO, O	OR AS A CONSEQUE	NCE OF	7				
	Canditians, if any, which	((b)_	metas:	tat	c adenocero	inema Lu	mg		
	gave rise to immediate cause (a), stating the	DUE TO. C	OR AS A CONSEQUE	NCE OF			-		
18	underlying cause last	((()							
	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN	PART 11a	
ě									
CA	THE DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		E FINDINGS USED CAUSES OF DEAT	
CERTIFICATION						YES NO	YES 🗌	NO [
	210. ACCIDENT WAS UNDERLYING	110110	OF INJURY L.M. MONTH DA	V VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	R PART 2)	
A	OR CONTRIBUTING CAUSE OF D	CAIII .	P.M.	19					
MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	4151	DUNTY 51	TATE
×	NOT WHILE ALL WORK	AT HOME S	TREET FACTORY OFFICE, F	ARM ETC)	214EE1	EIIY OR TO	WIN C	301411	IAIE
	22a.1 certify that (1) (this has			20011	11/ 1985	10	7/ 19 5	that (1) (w	
	saw the deceased alive of above, (I) (we) (did) (did)	nat view the bad	y after death		nd that in (my) (aur) apinian o	death accurred an the da	te and hour and	fram the causes sta	ted
					DEGREE		2	2c. DATE SIGNED	
	226. SIGNATURE				ATTELIO	ALEBARA STAR			-
	13/7	5>		m		MEDICAL STAF		11/13/8.	5
	PHYSICIAN'S NAME (TYPE	S OR PRINT)		m	PHYSICIAN L	DIRECTOR PHYSIC	IAN	11/13/8.	5
	PHYSICIAN'S NAME (TYPE		serc me	m	PHYSICIAN E	DAR LAN	ian 🗆 📗	11/13/8.	3
	BERNARD SURIAL, CREMATION, REMOVA	P. FART	23€ ト		PHYSICIAN E 22e ADDRESS 5755 CE COLLUMB CEMETERY OR CREMATORY	DAR LANGE IN DE 1234 LOCATION	1AN - E L 1044	11/13/2	<i>S</i>
	BERNARD	P. FARI	23€ ト		PHYSICIAN II	DAR LAN	IAN D	2	IAIE and
	BERNARD BURIAL, CREMATION, REMOVA	P. FART	23€ ト		PHYSICIAN I	DAR LAND	E 1044 Howar	d Marvl	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	O.		
		CEASED NAME	FIRST	M	IDDLE	- L	AST		20 DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR O
1	(TYPE	OR PRINT)	UTH	K	•	MCC	ARRON)	11/2/85			7 P. M
	3. SE)			4 RACE		5 DATE C		YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
		FEMALE		White		8	3	94	91	YRS		
		RTHPLACE (STATE OR FO	OREIGN		VHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED -	9 BALTIMORE CITY O		OF DEATH	
W		hio		U.S.	Α.	WIDOWE	_	ORCED	Howard Co	urrcy		MD.
1		olumbia	ŤН		OSPITAL, NURSIN				126 USUAL OCCUPAT (TYPE OF WORK FOR MOST C HOUSE	ON DE WORK PGJEE SEWITE	E) INDUSTRY	F BUSINESS OR
5	13a S	AL RESIDENCE (IF NORSE TATE TYLAND	NG HOME OR 13b COUN HOW	₹TY _	ISC CITY OR TOW Clarksv:	N	13d. INSIDE CI	NO 🗆	136 STREET ADDRESS 5972 Trot	zip code ter Ro	ad 210	029
4	14 FA	Johns Kelle	r	MIDDLE	LAST	8-7-15	15 MOTHER'S E1	MAIDEN NAM	AE MIDDLE		£ASI	1
	16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	Mrs H		an Dusen 5		otter F	Rd 21029
The state of the s		18 CAUSE OF DEATH W PART I. DEATH W Conditions, if any, gove rise to imm cause (a), stohin underlying cause	AS CAUSE IMMEDIAT which mediate g the	D BY: TE CAUSE (0) DUE TO, OR 1b) DUE TO, OR	AS A CONSEQUE AS A CONSEQUE	PIRATE OF		rrest			APPROXU BETWEEN C	MATE INTERVAL ONSEL AND DEATH
	NO	PART 2 OTHER SIGN		ONDITIONS CO				TO THE TERMI	INAL DISEASE OR CON	DITION GIV	EN IN PART 10	0
1	CERTIFICATION	190 DATE OF OPERAT	ION	19b CONDI	ION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? YES NO	IN CERTIF	, WERE FINDIN YING CAUSES S	
7	200	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	HOUR A.	A. MONTH DA	AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE			211 LOCATIO STREET	N	CITY OR TO	WN	COUNTY	STATE
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1		276 SIGNATURI	u ()	Kunde	us				MEDICAL STA		22c DATE	2/85
1		22d PHYSICIAN'S NA	JON	Me	UIND	4	22e ADDRES	- 00	Huny &	(MZF		D. In
		SPECIFY) Cremation	REMOVAL	Nov 4			w Memor	íal Pk	Catonsví			
	100	UNERAL DIRECTOR F	HARRY	H WITZK	E & FAMI	LY. FU	NERAL H	OME N	REC'D. BY REGISTRAR 10V 04 198	256 REGIST	RAR'S SIGNAT	URE Mandelle

DHMH - 16 50M 4/B3 (VRA 15, 4)

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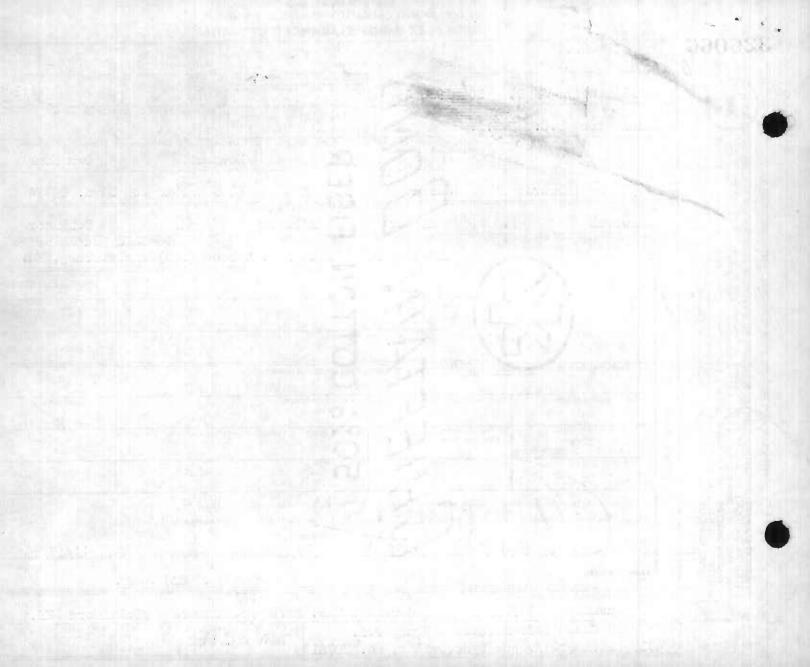
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DHMH - 16 50M 4/83 (VRA 15, 4) DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

336057	1.	FOR STATE REGISTRAR			STATE OF MAR ENT OF HEALTH AN CERTIFICATE O	D MENTAL HY	BIENE S S	3 3	
y be y be deorh		CEASED NAME FIRST	ies f	DDLE	MURPHU	sr.	11 26/85	MONTH DAY YEAR	12 40 A
A mo	3. SE	M	* RACE		5. DATE OF BIRTH MONTH DAY 10 - 04	YEAR - 02	6 AGE (IN YEARS LAST BIF	RTHDAY) IF UNDER 1 YEA MONTHS DAY YRS	
1168		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	MARRIED X NEVI	ER MARRIED DIVORCED	Howard	CO.	MD.
5 170	100	olumbia		FACILITY, GIVE STREET A	G HOME OR OTHER ! DDRESS)	NSTITUTION	120 USWA PERFAT (TYPE OF WORK FOR MOST OF Retire	Prosti Bata	OF BUSINESS OR
3	13a S M	AL RESIDENCE (IF NURSING I DA TATE Id.		ive residence before 13c. CITY OR TOWN Adelph	V 13d INSID	E CITY LIMITS?	13e STREET ADDRESS	//	2783 et 83
16 /6 C	14. FA	Kieren	MIDDLE	urphy		rgaret	WE		LASI
Total Page	16g V	VAS DECEASED EVER IN U.S.	CONT. WILL CO. D. LANCE	547-03-	0 1		A. Dixon(I		Same as 13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAT	DUE TO, OR (c) NT CONDITIONS COI	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO D DURN IN	acerbatia NCE OF F	Culture Clubro TED TO THE TERM	eduje obsl ng clisease	au clanik	
OF VITAL RE CLAN The to Ephysician refricted per all all frageric profile all frageric profile and Progress profile	AL CERTIFICATION	2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M	. MONTH DA	Y YEAR	INJURY OCCUR	YES NO	IN CERTIFYING CAUSE YES INV IN ITEM 18 PART 1 OR PART 2	ES OF DEATH?
WISION G PHYSI or this co	MEDICAL	21d INJURY OCCURRED WHILE NO! WHILE AT WORK	21e PLACE O		19 211 LOCA	TION	CITY OR TO	OWN COUNTY	STATE
POSPITAL OF ATTENDING WHEN SPITAL OF ATTENDING OF TENDER AND SPECIFICAL AND SPITAL DIRECTION AND SPITAL DIRECTION AND SPITAL SPI		22a.1 certify that (1) (this his saw the deceased alive obove, (1) (we) (did) (did) 22b. SIGNATURE	on	tter death 19	DEGREE	ATTENDING PHYSICIAN	, to	ote and hour and from the	the couses stoted TE SIGNED
Q € Q ¥ 1 § —		PERIOD REMOVED TO THE		23c N	AME OF CEMETERY C		23d LOCATION CITY OR TOWN Falle CI	county	21844
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	UNERAL DIRECTOR Hines/Rinal		ADDRESS		25a. DAT	EREC'D. BY REGISTRAR	hurch, Viro	



	REGISTRAR ASED NAME	FIRST		MIDDLE	LAST	PERTH REG. NO	MONTH DAY YEAR 25 HOUR
1	YPE OR PRINT)	Joan		Ann	Ottev	OF ESTI- X-	11 1419 85
11.	Female W	hite	DATE OF BIRTH	6 AGE (IN YEARS IF		24 HRS. 2c DATE PRONOUNCED DEAD	MONTH DAY YEAR 24 HOUR 1:20
1	Washington	n, D.C.	U.S.A.	WIDO	RRIED NEVER MARRI	ED Howard Cour	nty, MD
9	Jessup		8205 Was	ELIAT, NURSING HOME, OR C LINTY, GIVE STREET ADDRESS) Shington Blvd.	THER INSTITUTION	POR MOST OF WORKING LIFE) Housewite	OF WORK 126 KIND OF BUSINESS OR INDUSTRY Own Home
130	Maryland	Howard	OTHER INSTITUTION GIV	ERESIDENCE BEFORE ADMISSION) 134 CITY OR TOWN Jessup		8205 Washingto	on Blvd. 20794
	FATHER'S NAME Ellsworth		MIDDLE R.	Miller	Alberta	M.	DeShazor
	WAS DECEASED EV (YES, NO. OR UNKNOWN)	ER IN U.S. ARMI	ED FORCES?	16b. SOCIAL SECURITY NO. 226-42-7839	Joseph W.	Dobson (Son)Ga:	old Kettle Drive ithersburg, Md.
	cause (a) stati	o immediate ing the <u>under</u> ist	(b)	CUTE DATBITURA AS A CONSEQUENCE OF UI NOT RELATED TO THE TERMINAL DIS			
HCATION	190 DATE OF OPE	RATION	19b. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
ICAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF DE	21b. TIME OF HOUR A.M	INJURY MONTH DAY YEAR 11/14 1985 1	How MUURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PA DITURATES	YES 🛣 NO 🗆
MEDICAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING 210 INJURY OCCU	OR CAUSE OF DE	21b. TIME OF HOUR A.M ATH P.M. 21e PLACE C STREET, FACT	INJURY MONTH DAY YEAR 11/14 1985 IF INJURY (ATHOME. DRY, FARM, ETC.) 8	HOW INJURY OCCURRE INGESTED BAR TOCATION STREET 1205 Washing Opsy K. Inspection	citurates city on town ton Blvd. Jessup	YES NO COUNTY STATE
18	210 EXTERNAL CA UNDERLYING CONTRIBUTING 210 INJURY OCCU WHILE ATWORK ATWORK ATT ACTUAL SIGNATURE EXAMINER'S NAM	OR CAUSE OF DE JERED DI WHILE DO WORK	21b. TIME OF HOUR A.M. 21e. PLACE C. STREET, FACT. V	INJURY MONTH DAY YEAR 11/14 1985 FINJURY (ATHOME. ORY, FARM, ETC.) TITLE OBOVE, held on Automatic Control C	HOW INJURY OCCURRE Ingested bar I LOCATION STREET 1205 Washing Oppy M. Inspection M. Homicide D. TITLE (SPECIFY) M. DACTING Chi	citurates city or town ton Blvd. Jessup Inquiry, and Undetermined manner,	YES NO ART 1 OR PART 2) COUNTY STATE HOWARD Md. DATE SIGNED 11/15/85
MEDICALCERT	210 EXTERNAL CA UNDERLYING CONTRIBUTING CONT	AUSE WAS OR CAUSE OF DE DIRECT OF WHILE WORK ALL PROPERTY OF THE PROPERTY OF T	21b. TIME OF HOUR A.M. 21e PLACE C. STREET, FACT	INJURY MONTH DAY YEAR 11/14 1985 FINJURY (ATHOME. ORY, FARM, ETC.) TITLE OBOVE, held on Automatic Control C	HOW INJURY OCCURRE Ingested bar I LOCATION STREET 1205 Washing Oppy M. Inspection M. Homicide D. TITLE (SPECIFY) M.DACTING Chi ADDRESS 111 E	citurates city or town ton Blvd. Tessup Inquiry, and Undetermined manner,	YES NO ART 1 OR PART 2) COUNTY STATE HOWARD Md. DATE SIGNED 11/15/85



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OF DEATH	REG. N

MATTHEW WALLACE PLATT 3 SEX 4 RACE 5. DATE OF BIRTH	11 19 85 10:30R _M
3 SEX 4 RACE S DATE OF RIPTH	
	# AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
MALE WHITE 2 4 10	75 YRS DAYS HOURS MIN.
IN BIRTHPLACE ASIATE OF FOREIGN THE CITIZEN OF WHAT COLINTRY?	BALTIMORE CITY OF COUNTY OF DEATH
Married Maryland U.S.A. MARRIED MARRIED MOVED DIVORCED	
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
Highlands 6914 Deer Valley Road 20777	Machinist B & O Railroad
USUAL RESIDENCE (IF NURS - 1 - III OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 132 CITY OR TOWN 133 INSIDE CITY LIMITS	
Maryland Baltimore YES ₩ NO □	3404 Wilkens Ave. 21229
14 FATHER'S NAME FIRST MIDDLE LAST FIRST	
Milton A. Lorett	
168, WAS DECEASED EVER IN U.S. ARMED FORCES? 168 SOCIAL SECURITY NO 17 INFORMANT	ADDRESS
NO 216-03-3014 Mary E. Pl	att 3404 Wilkens Ave. 21229
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY MADE Cardio muling	may arrest.
DUE TO, OR AS A CONSEQUENCE OF A	
Conditions, if any, which	na
gave rise to immediate cause (a), stating the DUE TO, OR AS A GON SEQUENCE OF	
underlying couse last	ma.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a
Z O	
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCC	YES NO YES NO NO
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTION OF CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM, ETC.) STREET STREET	CITY OR LOWN COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK AT WORK	COUNTY STATE
270 1 certify that (I) (this haspital) attended the deceased from 11/10/85 19.50	
saw the deceased alive an obove, (I) legically (didynat) view the body after death.	nion death occurred on the date and hour and from the causes stated
226. SIGNATURE DEGREE	27L DATE FIGNED
MI) ATTENDING PHYSICIAN	
22d PHYSICIAL S HAME THE COMMENT 27e ADDRESS	7 //
Peter Kennedy Universit	y Hosp. 9th Flr.
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATO	RY 238 LOCATION
Burial 11/23/85 Loudon Park Cemete	ery Baltimore Maryland
24 FUNERAL DIRECTOR 21229 250	DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
NAME ADDRESS	OV O O 400E I Have Davidson-Handelle

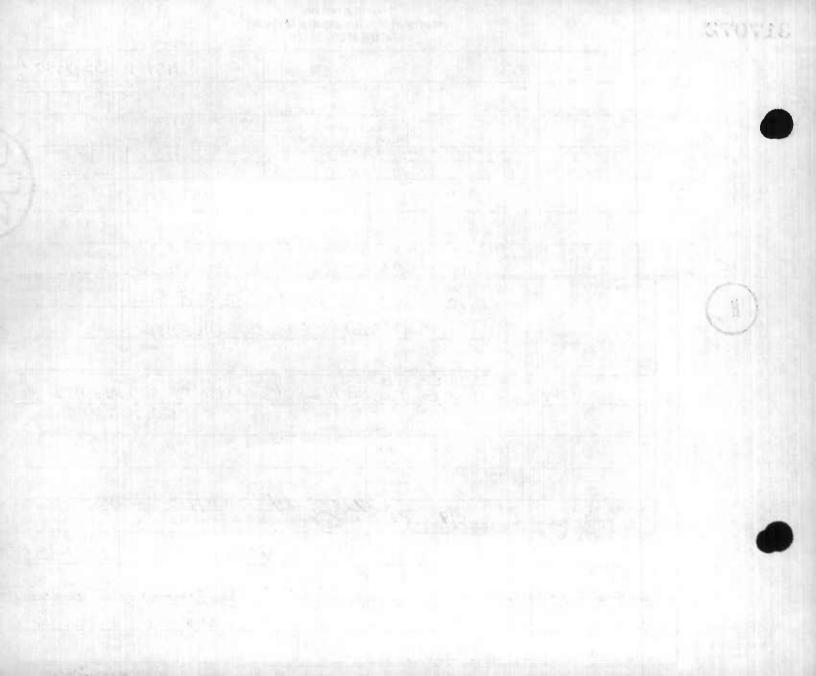
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the burial-transit perm with the State Dept of Health and Mental Hygiene pright PRANIT. If them 21 is marked or them 18 shows on

SILLOSE Peter bederpalment arrest: Color Corsuma Mirmedges mo

STATE OF MARYLAND 317072 DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH TYPE OR PRINT Peter Pollis NOV 4 RACE DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX MONTH DAY male white 11 30 1893 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Howard County Grooco WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY cheh restaurant Columbia Lorien Nursing Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE rd 13a STATE 1136 COUNTY 13c CITY OR TOWN 20707 XXXX AA YES [NO X Jaunol 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Catherine Louis ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Laurel. Md (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 12110 Cedarbrook Lane 109 18 4625 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line factor, (b) and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART 110 LMONAN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR LIFEITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) CITY OF TOWN STATE NOT WHILE 22a. I certify that (1) this haspital) attended the deceased fram. 19 85, and that I (my) our) opinion death accurred on the date and hour and from the causes stated 22b. SiGN-11 DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) Gregory A. Compton 14201 Laurel Park Dr., #221, Laurel, Md. 2070 23a BURIAL CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY Union Cemetery Burtonsville Montgomery MD burial 11-4-85 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Donaldson Funeral Home, Laurel, Md (VRA 15, 4)



ADDRESS BOX 268

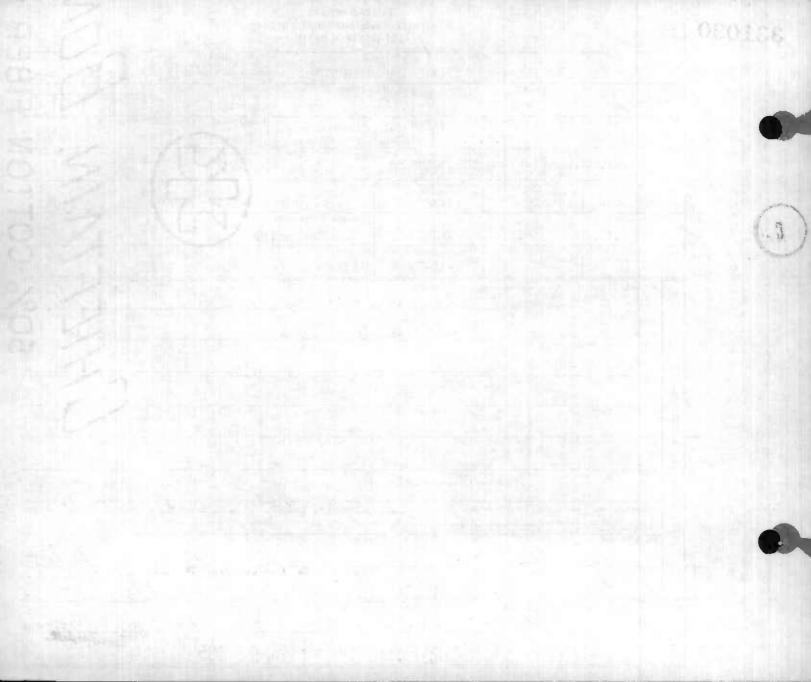
ELLIZOTT CITY MD. 21043

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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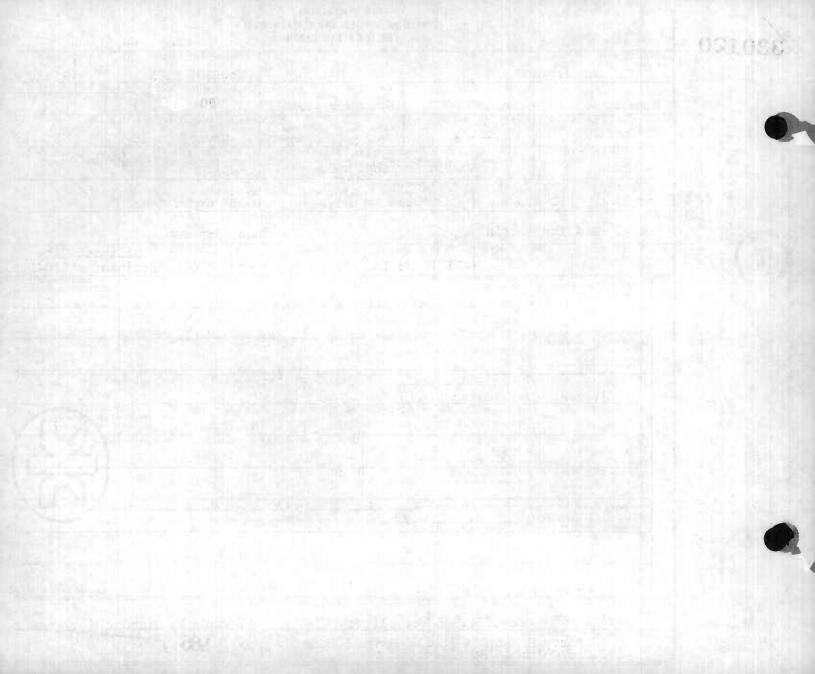
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.



ALDIRECTOR HARRY H Witzke& Family Funeral Home 4112 Old Columbia Rd EllicottCity

DHMH - 16 50M 1/81

(VRA 15, 4)



BP. DHMH - 16 60M (VRA 15, 4)

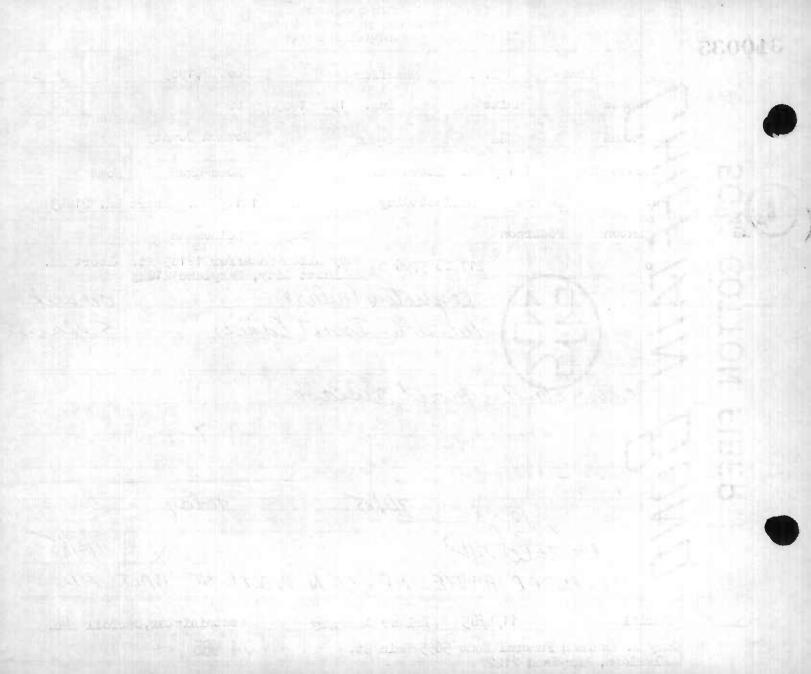
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eo th		CEASED NAME OF FIRST	an	W.	Sano	lers	11	07	7 DAY 85°R 85	26 HOU
acte, pe	3. SEX	Male	4 RACE Blas	ch	S. DATE OF	12 ^H DAY6 YEAR 01		RS LAST BIRTHDAY 83	MONTHS DATS	IF UNDER HOURS
149	Ge	RTHPLACE (STATE OR FOREIGN OUNTRY) OTGIA	U.S		WIDOWED		Но	city <u>or</u> count ward Cour	nty	
1	Co	TY OR TOWN OF DEATH lumbia	Lorien	CHEACILITY, GIVE STREET A	Home	OTHER INSTITUTION		CUPATION OR MOST OF WORKING I ics Helpe		road
11/16		AL RESIDENCE (IF NURSING HO TATE 136 C	ME OR OTHER INSTITUTION COUNTY HOWARD	GIVE RESIDENCE BEFORE 136. CITY OR TOW Columbi	a	BE INSIDE CITY LIMITS?	7080	DRESS / ZIP COD		21
130	T4 FA	THER'S NAME FIRST Simon	MIDDLE	Sander		MOTHER'S MAIDEN NA		MIDDLE		fulle:
17		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YO	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECU 130-12-8		Marie Nott		-5ºStever mbia, Mar		
()	1	18 CAUSE OF DEATH (Ent. PART I, DEATH WAS CA	ter anly one couse pe AUSED BY: EDIATE CAUSE (a)	Rospiro	Hory	ARREST			BETWEEN	ONSET AND
one of the same of	in.	Canditians, if ony, whic	DUE TO, C	OR AS A CONSEQUE	ence of V	NOXIA ZM	d to C	V.A.	Colore	Ø. 74
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hos been prior ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOP	IN CERT	ES, WERE FINDI IFYING CAUSES YES	
the Hann		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A		AY YEAR	TIC HOW INJURY OCCU	RRED (ENTERNATU	RE OF INJURY IN ITEM 18	PART OR PART 2}	
s the b	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F		TII LOCATION STREET		CITY OR TOWN	COUNTY	S
for use o of Health		220.1 certify that (1) (this saw if deceased ali above (1) we) did (d	hospital) attended to	19_	\$5 and	that i (my) (our) opinion	death occurred	an the date and ho	out and fram the	that (1) (v
AL DIRECTOR		22b. SIGN/JULE	w Nas	den m) DE	GREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	SIGNED 7/8
	1	224 PHYSICIAN'S NAME	TYPE OR PRINT)	u lu D		2000 Cell	turu P	IATA COL	(umbir	9 mi
should be de with the Stot		MELVIN	401201	0 100.		2000 000		V		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 324099 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTS 6:35 McMullen 3 SEX 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR 11 1907 caucasian Female. BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia WIDOWED USA Howard DIVORCED T O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE Columbia Howard County General Hosp. Retired Factory worker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI Howard Jessup 13d INSIDE CITY LIMILS? 8196 Mission Rd. Md. 20794 A FATHER'S NAME IS MOTHER'S MAIDEN NAME Clayton MIDDLE Sagers William John 166 SOCIAL SECURITY NO. ADDRESS MA WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT I HE YES GIVE WAR OR DATES) 218-22-9324 Jesse See same as 13e no 18 CAUSE OF DEATH Enter only one couse per line for la PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse to, storing the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOP6 IN CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION TIE PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 220.1 certify that (I) (this hospital) arended the deceased frame sow the deceased alive onand that in (my) (and apinion death accurred on the date and hour and from the causes stated 376 SIGNATI MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE PRESICIAN'S NAME ITHE SCHOOL 22e ADDRESS MPORT 230 BURIAL CREMATION, REMOVAL DIJUET (EMETRRY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

32100911 when the land of the second

(VRA 15, 4)

Elkridge - Maryland 21227



BP. DHMH - 16 50M 4/83

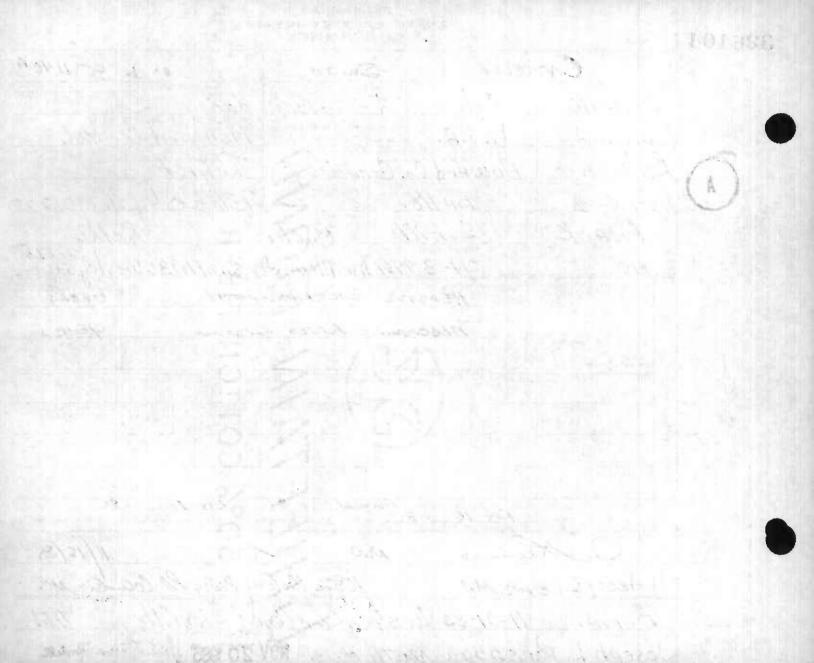
(VRA 15, 4)

2330103

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	5500	REGISTRAR		CERTIFICATE	I DENTI	REG. NO).		
,		EASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	11112	CHARLES	s R	SLADE	. 5R.	1	1 17	85	1851M
	3 SEX		4 RACE	5. DATE OF BIRTH		& AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	1	MALE	12/4175	MONTH DA	YEAR O9	76	YRS.	HS DAYS	HOURS MIN.
Λ		THPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8.		9 BALTIMORE CITY O		DEATH	
2	M	ARYLAND	U.S.A.	WIDOWED	DIVORCED .	How	ARN 1	Cour	
1	10 CII	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS «IF NOT IN SUCH FACILITY, GIVE STRE			120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF			F BUSINESS OR
9		LUMBIA	HOWARD C	OUNTY 6	ENERAL	Supervi		/ 4	CLOSEDUATE
2	USUA 13a S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 134 CITY OR TO ELLICO	WN 134. INSI	DE CITY LIMITS?	130.STREET ADDRESS /	ZIP CODE LUMB	210	PY3 RD
1,	14 FA	THER'S NAME	MIDDLE LAST	15 MOTH	IER'S MAIDEN NAM	MIDDLE MIDDLE		7244	
0		EDWARD	SLAD	56	NELLIE	Middle		Ho	PLER
		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC	CURITY NO. 12 INFO	RMANT	ADDRE 4/3	St Cokur	MRIA	RD.
		ES NO OR UNKNOWN) (IF YES, GIV	577-05	-3789 Ms. V	RAINIA SL	ADE FLO		City.	MD. ZIGY
		18 CAUSE OF DEATH (Enter on	ily one couse per line for (o), (b), o	ond (cit)	etain . O	C		BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	E CAUSE (o) OCCU	te much	and	- tibail	ation	n	rinutes
	3.6		DUE TO, OR AS A CONSEO	LIENCE OF					The second
		Conditions, if ony, which	(b) Part	Sable a	cute m	40 Cardeal	Waich	ev.	Seine
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	LIENCE OF					
	50	underlying couse lost	(c)						
	z	41	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMI	1 11	OITION GIVEN	N PART Ho	3,
-	110	7,1	win, diabe	les (Bo	TH Well	-convole	70b. IF YES, WE	DE CINIDAN	IOS HISTO
4	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PE	KFOKMED	20a AUTOPSY?	IN CERTIFYING	GCAUSES	OF DEATH?
di	RT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	11/2 HOV	W IN HURY OCCURR	ED (ENTER NATURE OF INJUR	YES		NO []
1		OR CONTRIBUTING CAUSE OF DEA	LUCUID A M MONITU	DAY YEAR		ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART T	ORPART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	ATION				
1	WED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC.)	IREEL	CITY OR TO	WN	COUNTY	STAIL
	0.00	AT WORK		7/1	- A	11/11	7	67	
			tol) ottended the deceased from	0.5	, 19 <u>8 9</u>	leath occurred on the do			fhot (I) (we) lost
		obove (1) we) (did) (did no	it view the body after death.		(cor) opinion o		ne one noor one		
d	1	THE SIGNATURE	Total m	DEGREE	ATTENDING .	MEDICAL STAF	F	22c DATE	I G G
-		226 PHYSICIAN'S NAME (DEC	DB-RINT)			MEDICAL STAF	IAN	"//	0/85
		BRAD	T. COOPER,	mD 28	350 Heal	the Pk. Dr., L	Ellicott	+ Cety	Med-
		URIAL, CREMATION, REMOVAL	236 DATE 236	NAME OF CEMETERY	OR CREMATORY	234 LOCATION	1 10	UNU	STATE
	-	BURIAL	20 NOV 1985	ST. JOHNS	CEMETER)	V ELLICOTT	City 1	House	o Mo.
		INERAL DIRECTOR			46 0 1 15	REC'D. BY REGISTRAR	TEL DECICEDAD		
	24. FU	NAME	ADDRESS	BOX 268	25a DATE	REC D. BY REGISTRAR	256 REGISTRAR	SAGNAN	ungandelle



4112 Old Columbia Pike Ellicott City

(VRA 15, 4)

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11-4-1185	ποποηί		Loren	
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Maria Zalanda Karana				

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080	لمر	FOR STATE			DEPARTMENT OF	HEALTH			3 1	3 9 0	
		REGISTRAR			EDICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	REG. NO.		
1		CEASED NAME		EDWARD	MIDDLE T.		STONE	2ª DATE K	F2II		U
1			= DWA			3	DIONE	DEATH /	11	1 181982 18	2
3	SEX		RACE	5 DATE OF BIRT	Y YEAR & LAST BIRTH	DAY) MONT	NDER I YR IF UNDER	MIN. PRONOUNC	ED MONTE	H DAY YEAR 2d HC	ルイ
1		ale	White		22, 1931-54	YRS.		DEAD	11-	18 19 80 185	
6	FOR	RTHPLACE (STA	IE OR		WHAT COUNTRY?	8. MARR	IED X NEVER MARR	IED . 9. BALTIMO	RE CITY OR COU	UNTY OF DEATH	
2		Maryland			U.S.A. WIDOWED DIVORCED HOWAI					County	М
7/		TY OR TOWN O		II NAME OF HE	OSPITAL, NURSING HOA	AE, OR OTH		124 USUAL OCCUPA	TION (TYPE OF WOR	RK 126 KIND OF BUSINESS OR INDUSTRY	
1		Columb			d Country Ge		Hospital	Painter	-Hor	me Improvemen	1
	3a. ST	TATE	1136 GOUI	NTY	GIVE RESIDENCE BEFORE ADMIS		13d. INSIDE CITY LIMITS?	134 STREET ADDRES			
4		mD	Ba	(fimore	Bultimo	re	YES NO		wcastle F	Road 21207	
1	4. FA	THER'S NAME		MIDDLE .	_ LAST		15. MOTHER'S MAID	EN NAME MID	DLE	LAST	Ī
4	9	John		Melvin	Stone		Kathe	rine	Mae	Roberts	
T	6a W	5. NO. OR UNKNOW	(N) (IF YES GIV	RMED FORCES?	16b. SOCIAL SECUR		17 INFORMANT			•	
250		468		rean	213-24-90)95	Dorothy	M. Stone	Same as	s # 13	
1		18 CAUSE OF	DEATH (Enter of TH WAS CAUS	only ane cause per li	ine far (a), (b), and (c).)	1.		. 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	L AT
4				ATE CAUSE (a)	arcin pr	1/1/10.	nun Gr	757			_
REMO		Condition.	, if any, which	DUE TO, O	DR AS A CONSEQUENCE	OF		1. 1 /	1		
		gave rise	ta immediat	le (b)	tente Int	(nor	MybCara	in marc	250		
		cause (a) s lying cause	tating the <u>under</u> e last.	DUE TO, C	OR AS A CONSEQUENCE	OF					
				(c)							
	7	PART 2 DIHER SIGN	IFICANT CONDITION	IS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TEL	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 igil			
	110	19a DATE OF C	PERATION	TIBL CON	DITION FOR WHICH OPE	PATIONIA	AS DEDECIDATED?			Las ALIZOSCY2	_
4	S	THE DATE OF C	, ENAPION	179. COIV	DITIOIAT ON WITHCH OF	NATION W	AS PERI ORMED!			20 AUTOPSY?	
1	CERTIFICATION	2)a EXTERNAL	CAUSEWAS	216 TIME	OF INJURY	121c H	OW INJURY OCCURRE	D SENTER NATURE OF INJUS	DA IN ILEM 18 SVD1 1 OF	YES NO	Ç
7		UNDERLYING	OR	HOUR A	.M. MONTH DAY YE	AR	JOHN OCCURRE	D Territoria OF HOLD		arrani gi	
	MEDICAL	21d INJURY OF	G CAUSE OF		.M. 19 E OF INJURY (ATHOME,	21f. I.C	CATION				-
	ME	WHILE AT WORK		STREET, F.	ACTORY, FARM, ETC.)		STREET	CITY OR TOW	4	COUNTY STAT	E
		AT WORK	AT WORK					(S)	7		
1		22a I certify	that I taak char	rge of the remains o	described abave, held an	Autap	sy 🔲 , Inspectia	n Inquiry	and in my	/ apınıan	
		death resulted	fram Nat	ural causes	Accident	uicide	, Hamicide .	Undetermined man	ner,		
	10	ACTUAL -	1	25	21.11.12	/	TITLE (SPECIFY)		DAI	TE 1216.00	-
A		SIGNATURE	non	mac	Herry	N	1.0. Definiti	MEDICAL EXAMI	NER SIG	NED // 0 0 3	
1		EXAMINER'S N	IAME Th	mas F	Herhon	MI	911	Cotto A	WA.	21000	
	12. 81	TYPE OR PRIN		1247 /	1100000	, []	ADDRESS	TWO CONTRACTOR	1-10-0	1013	=
2	:3e.BL	JRIAL, CREMATI PECIFY) Burial	UN, KEMOVAL	11/22/85	23c NAME OF C		Cemetery	23d LOCATION CITY OR TOWN Baltimos	C	Maryland	
1	24 FL	INFRAL DIRECT	OR				250 BAJE.	REC'D BY REGISTRAR		-	
	Le:	roy M.	& Russe.	11 C. With	zke Funeral	Home	s P.A. AU	V 2 1 1985	المراجعة المراجعة	dem-your on	
	TO	ON PUMO	auson A	venue, Ca	tonsville,	TD. Z	1228		Ta .	- Common	

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329075	STATE OF MARYLAND FOR STATE STATE REGISTRAR MARY E. WHITAKER STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
m.e	ECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH 11 DAY 1 / YEAR 8 2% HOUR	1
noy be poge 3	MARY E WHITACES 11 17 85-10:5	14/
tor po	MONTH DAY YEAR OS MONTHS CLASS HOURS	MIN.
2 11 0/	ARTHRIACE AND RECEIVED TO COUNTY OF WHAT COUNTRY?	
1 1: 50	Married Never Married Howard County	MD
CONT	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IPPE OF WORK FOR MOST OF WORKING LIFE) 120. USUAL OCCUPATION (IPPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY KETT: ALUMBIA COUNTY GENERADIETITION ASSISTANT HOSPI	an.
	JAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION! STATE 136 COUNTY 136 CITY OR TOWN 136 LITY OR TOWN 137 CITY OR TOWN 138 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODE 6260 Foreland Garth 2104	45
1 11760	ATHER'S NAME FIRST John Robert Wilson MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE (unknown)	wn)
10/17	WAS DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-16-8559 Patricia 0'Day 2942 Rosemar Drive Ellicott City, MD. 210	043
physicia movel, the	18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcline Arrest Sudden	
that the death at d by the attending ease remove cort iol, cremation, or	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) A Cute Cerebus/Ascular Seer dust DUE TO, OR AS A CONSEQUENCE OF (c)	
equires n signer Then pl re buri	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE REMAINS CONTRIBUTION OF PART THE PAR	
SKCIAN The low region of physicion certificate has been ritol-fronsit permit ental Hygiene prior them 18 shows.apr.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO	13
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18: PART LOR PART 7) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
PHYSICIA Differential plants of the buriel is the buriel ond Montel ked or frem	214 INTITION OCCUPRED 216 PLACE OF INTITION 216 LOCATION	A1E
TENDING and or or or use os of Health	22a certify that (I) (this hospital) ottended the deceased from 1/17 19 85 to 1/17 19 85 that (I) (w sow the deceased glive on 1/17 19 81 ond that in (my) (our) opinion death occurred on the date and hour and from the causes state	
the hosp the hosp L DIREC Proched be the Dept	obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECT	_
O HOSPITAL etoined by th TO FUNERAL should be det with the Store MPORTANT:	Lela [Levine, M.D. 1220 ADDRESS 1080 2 Hickory Ridge Rd, Columbia, W 2004	4
0 6 0 8 x	BURIAL CREMATION REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1234 LOCATION	ATE
BP	Burial 11/21/85 St. Stanislaus Cemetery Baltimore Maryl	and
DHMH - 16 50M 4/83 (VRA 15, 4)	Leroy M. & Russell C. Witzke Funeral Homes P. 1250 DATE RECTO. BY REGISTRAR 256 REGISTRAR SIGNATURE 15555 Twin Knolls Road, Columbia, MD. 21045	_

